Federal Communications Commission

Rural Health Care Pilot Program
WC Docket No. 02-60

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Applicant: Alaska Native Tribal Health Consortium

Project Name: Alaska HealthCare Network

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Alaska Native Tribal Health Consortium

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May 2, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners:

The Alaska Native Tribal Health Consortium (ANTHC) is pleased to have this opportunity to submit a proposal for the FCC Rural Health Pilot Project which seeks to expand the rural health networks for telehealth. ANTHC has a long history of collaborating and managing statewide projects for telehealth within Alaska.

The Alaska Telehealth Advisory Council (ATAC) has agreed to be the advisory committee for this project. ATAC was formed in 1998 to provide oversight and facilitate collaboration for Telehealth projects within the state of Alaska among widely diverse stakeholder groups. Since 1998, ATAC has invested its time and expertise in numerous projects related to electronic sharing of health data. ATAC is comprised of leaders of public and private constituencies deeply affected by issues of connectivity, interoperability and security for health information exchange. ATAC members handle these issues on a daily basis.

Alaska, with its vast distances and lack of roads is uniquely poised to provide a test bed for this important work. Telehealth has played a vital role in Alaska since 1998 with the launch of the Alaska Federal Health Care Access Network (AFHCAN). The success and stability of the AFHCAN project led ATAC to review interoperability issues among installations including military, private, public and Native health organizations. In the past seven years, model demonstration projects and the development of state policy recommendations have paved the way for an Alaska Health Care Network.

If approved and funded, I am confident that the information gained from this project will advance a number of telehealth and health information exchange efforts currently underway in Alaska and around the nation. ANTHC is committed to assisting in the success of these efforts and will lend its strength to assure that the network design planning engages stakeholders from around the state, monitor progress through our partnership with Alaska Telehealth Advisory Council and the individual partners, and provide oversight of the pilot project with practical solutions for the Alaska Health Care Network.

Thank you for considering the Alaska Health Care Network proposal endorsed by the ATAC partners.

Sincerely,

Paul Sherry
Chief Executive Officer

Table of Contents

Appendices

Executive Summary

Alaskan communities face unique challenges in obtaining access to quality health services. Alaska is the largest state in the nation, containing 586,412 square miles, and yet has a mere 12,200 miles of public roads. The lack of connecting road systems results in 75% of Alaskan communities and 25% of Alaska residents being unconnected by road to a hospital or physician. These communities must depend on other modes of transport, such as plane, boat, and snow machine to access basic medical services. Not only are many patients and providers required to travel in order for patients to receive needed medical services, but that travel is much more expensive, treacherous, and complicated than in most states.

Two statewide work groups, Alaska Telehealth Advisory Council (ATAC) and Alaska ChartLink, have been designated to work together to establish the Alaska Health Care Network (AHCN). The Alaska Native Tribal Health Consortium (ANTHC) is the parent organization applying for this grant on behalf of all participating organizations and will fulfill fiscal management responsibilities. ATAC will provide the oversight of this project and has created Alaska ChartLink to manage, implement and operate the AHCN.

The goal of the Alaska HealthCare Network (AHCN) is to enhance the ability of rural healthcare providers to utilize health information exchange (HIE) and telehealth technologies in order to improve access to health services. To accomplish this goal, AHCN must first establish the network infrastructure to electronically connect providers, patients, payers, other healthcare organizations, and federal and state agencies across Alaska, including public and private organizations in rural and urban communities. Specifically, the objectives of infrastructure development are to:
- Unify disparate healthcare networks throughout Alaska and supply rural health providers with connectivity to urban health centers for the purposes of telehealth and information exchange.
- Provide Internet2 (I2) services across the AHCN to improve network capacities and gain access to health services in the lower 48 states.
- Work with the FCC to identify and test innovative methods of funding, investigate ways to increase network efficiencies, and develop a strategy for uninterrupted rural connectivity.

The objectives of this project will be executed in two phases. *Phase I* will focus on network design and will begin with recruiting and contracting engineers. The network design engineers will analyze the existing networks, identify gaps and duplications in connectivity, and conduct a best practices study to determine the most effective solution for connecting providers statewide. *Phase II* will commence with the installation and deployment of the designed telecommunications network, as recommended by the network design engineers. This phase will link existing networks, as well as create new connections to rural locations where no connectivity currently exists. It is intended for the AHCN to be powered through an I2 network, enabling high-speed data transfer capabilities while maintaining quick access for users. The support of I2 will directly facilitate HIE and telehealth applications by providing an effective medium for electronic data delivery to tertiary care facilities outside of Alaska and ensure that telehealth capabilities will be efficient and reliable.

Once the AHCN is established, providers will communicate fluidly through electronic media, accessing relevant patient information for improved decision support. Telehealth applications will include store-and-forward transmission of patient information, as well as real-time methods, such as video conferencing. Specifically, video conferencing will be utilized for the purposes of Telepsychiatry, enabling patients to access doctors that were previously out of reach, educating

healthcare personnel, reducing costs, and improving efficiency. The mutual benefit to all partners will be an enhanced network for HIE, telehealth, delivery of advanced education across distances, and improved capacity for emergency response to natural disasters and bioterrorism.

Although Alaska already receives a large portion of the FCC Rural Health Program funds, the state currently has many gaps in connectivity, as well as a fractured system of disconnected networks. Thus, healthcare providers must maintain multiple network memberships in order to provide services. Additionally, the infrastructure required for uninterrupted connectivity during emergencies, such as a natural disaster or a bioterrorism threat, is lacking. An FCC investment in Alaska could assist in the development of a best practices model for the nation on addressing disparities in rural communities through the implementation of a coordinated, redundant telecommunications infrastructure. (*See Appendix 1 for a visual comparison of the size of Alaska versus the lower 48 states.*)

Organization Information

This proposal is offered and will be managed by the Alaska Native Tribal Health Consortium (ANTHC) on behalf of the Alaska Telehealth Advisory Council. ANTHC is a 501(c)(3) nonprofit health services organization and is a distinct tribal organization that was established through passage of PL 105-83, Section 325. ANTHC is a consortium of regional Alaska Tribal Health organizations and is authorized to enter into contracts, compacts, or funding agreements under Public Law 93-638 (25 U.S.C. 450 et seq.), as amended, to provide all statewide health services offered by the Indian Health Service through the Alaska Native Medical Center and the Alaska Area Office.

ANTHC is governed by a 15 member Board of Directors representing geographically statewide tribal healthcare interests, a Chairman/President, Chief Executive Officer and supporting directors of administrative functions. ANTHC is a large organization, with an approved FY 06 operating budget of $380 million, supporting three primary service delivery divisions, including Tertiary and Specialty Medical Services (the Alaska Native Medical Center), Environmental Health and Engineering, and Community Health Services. Additionally ANTHC provides organizational and tribal health system support in areas including Information/Technology, Human Resources, Strategic Planning and Network Development, and Finance and Administration.

ANTHC is highly qualified to manage and implement this program in coordination with the Alaska Telehealth Advisory Council (ATAC). ANTHC follows cost principles delineated in Office of Management and Budget (OMB) Circulars and participates in independent audits each year following OMB Circular A133 standards. Since its inception, ANTHC has had successful audits without any exceptions or disallowed costs. The Offices of Administration and Finance also contain a full contracting and procurement staff, which support the letting of contracts and agreements between ANTHC and other organizations. These resources have historically supported the activities of the ATAC and will continue to do so under this contract. ANTHC accounting, purchasing and contracting systems are compliant with OMB circulars.

The advisory role for this project will be provided by ATAC, a group of healthcare leaders from around the state who have had extensive experience in the planning and oversight of many statewide telehealth projects. This group created Alaska ChartLink as a response to the need for coordination of HIE. Alaska ChartLink will serve as the telehealth and management expertise, working closely under ATAC. The Steering Committee for this project will mirror that of Alaska ChartLink, including ATAC members and the ANTHC CEO. As this project connects many healthcare networks into one Alaska HealthCare Network (AHCN), the Steering Committee will be expanded appropriately to include broader representation. In previous projects (i.e. the Agency for Healthcare Research and Quality's Health Information Security and Privacy Collaboration), physicians and community members were also added to the Steering Committee.

While ANTHC is the lead organization for this project, it is intended that Alaska ChartLink will become a legally existing 501(c)(3) corporation in 2008 to assume, more formally, the planning, implementing, and governance of the Alaska Health Care Network (AHCN) as it evolves. For the purposes of this proposal, ANTHC will support the operational and administrative duties of the AHCN and be directly responsible for project oversight.

Project Background

While the need for a secure, coordinated healthcare network in Alaska is similar to the need in many states, Alaska's environment is very different. Alaska, while a large geographical state, has a small population with a historical collaboration among healthcare partners and competitors working on progressive telehealth, health information technology (HIT), and HIE projects. In addition, Alaska has a wide variety of healthcare payers including Medicare, Medicaid, as well as other public payers that include the Department of Defense (Tricare), the Indian Health Service, the Veteran's Administration, a multitude of private payers, and self-payers. There are 226 federally recognized tribes, 162 local governments, numerous federal and state supported health associations, community health centers and many privately run clinics. This combination of a small population base and a large number of state, federal and private players uniquely positions Alaska to be a natural test bed for the implementation of a secure, statewide healthcare network to facilitate telehealth and HIE.

Network Assessments
There have been many analyses on the need for a secure, coordinated healthcare network for Alaska. This need is documented in numerous statewide assessment reports, including the Summative Evaluation of the Alaska Federal Health Care Access Network (AFHCAN), the ATAC Legal Subgroup report, and Alaska 20/20. Through these studies, the following issues have been identified:

Evolution & Summative Evaluation of the Alaska Federal Health Care Access Network (AFHCAN)
The evaluation of the AFHCAN statewide telehealth network was prepared by the University of Alaska in November 2004. Significant findings included the identification of:

- Business, legal and regulatory issues when the delivery of healthcare crossed federal and non-federal boundaries.
- Issues related to the development of telehealth and HIE within Alaska as learned through key informant interviews.
- Existing regulatory issues, including technical standards for HIE, existing rules that restrict use of subsidy dollars (i.e. USF), licensing and interstate issues, privacy and confidentiality issues, and confusion over access to and ownership of healthcare data.

Alaska Telehealth Advisory Council (ATAC) Legal Subgroup
In 2000, ATAC formed a Legal Subgroup to identify issues related to the exchange of telehealth information and make recommendations relative to their findings. This group recommended that legal matters are best left within the State's jurisdiction to resolve rather than be relegated to the federal level. They also charged the Federation of State Medical Boards and State of Alaska Boards Commissions and Associations with the responsibility to study these legal issues and recommend solutions. Additionally, the group determined that no regulation currently exists in Alaska that requires a medical provider to produce or retain any medical record at all, including a record of telehealth activity.

Alaska 20/20, 2005-6 Progress Report
The mission of Alaska 20/20 is to measure Alaska's quality of life and engage Alaskans in a public dialogue about vital social, economic and environmental issues. This organization, funded by local industry, produced a report on the status of Alaska's communities. This report found a number of disparities in Alaska that indicated a need for improved communications among healthcare providers through HIE in order to improve access and provide efficiencies. Findings included:

- In 2000, Alaska ranked 40th in physicians per capita and 41st in hospital beds per capita. Alaska ranked 47th among the 50 states in road miles.
- Nearly one-quarter of the state's population lives in towns and villages that are reachable only by boat or aircraft.
- Approximately 75% of Alaska communities are not connected by road to another community with a hospital.
- The geography and climate of the state limits access to care as well as increases the costs of healthcare.

A Study of Recruitment Costs and Strategies

In 2005, the Department of Health and Social Services commissioned this study to assess the recruitment costs for primary care providers in rural Alaska clinics. This survey found that:

- Over $15 million is spent annually recruiting healthcare professionals.
- The average cost per hire is $36,074.
- There is a need to provide rural training tracks for health professionals.
- Telehealth is one of many solutions for addressing professional isolation concerns.

Environment

The Alaska healthcare system includes four major healthcare payer systems, each separate and distinct yet dependent upon each other due to patient overlap, isolation from the rest of the United States, and Alaska's geography. These four systems are private (28%), Federal (20%), tribal (20%), and Medicaid (25%) with another 17% uninsured (overlapping and multiple coverages create the discrepancy). These four systems are often covered by different privacy and security laws, business policies, regulations, and traditions. Many Regional Health Information Organizations (RHIOs) around the nation strictly address the private insurance and Medicare/Medicaid markets while ignoring the federal/tribal aspects, which are important in Alaska and other areas of the country.

The vast geographic environment of Alaska requires that services be delivered in the most efficient way possible. Alaska contains 586,412 square miles, a full 20% of the entire United States. "Neighboring" villages are as much as 400 miles apart. The typical referral from rural Alaska is over 100 miles away and costs hundreds of dollars to fly the patient to the specialist. The distance from regional facilities to the four major hospitals in Anchorage average 700 miles and cost $800 to fly. Flying is usually the only practical means of transportation since most rural facilities are not connected to the road system. Alaska's geography has caused Alaskans to address telehealth, distance education, and HIE in a dramatically different regard than most states. These HIT approaches are viewed as less an enhancement to care delivery, but rather as a means by which to provide basic levels of care. For Alaska, a coordinated healthcare network could:

- Provide a level of care not otherwise available in a remote location due to availability and cost,
- Reduce healthcare costs related to traveling the provider or the patient/escorts,
- Provide preventive care and consumer education to avoid healthcare costs,
- Provide professional education for healthcare personnel to meet workforce needs of the healthcare system, and
- Provide another tool for recruitment and retention of health professionals.

Progress & Experience

Alaska has had a long history of implementing information technology to overcome its geographic environment beginning with ATS-1 satellite experimentation with teleradiology in the 1970s. There

are multiple examples of intra-system and inter-system healthcare collaborations and interests with respect to telehealth and HIE throughout Alaska. The healthcare community in Alaska has collaboratively determined that the time has come and the capability is at hand to address this important issue that can have a major affect on the health of Alaskans. Alaska has addressed governance; developed a readiness assessment tool; and begun to address the technology and finances/legal/security/trust issues.

Under the guidance of the ATAC, the Alaska healthcare systems have become more aware of the need to share information via HIE intra-system, inter-system throughout the state, and inter-state. ATAC has called meetings of Alaska healthcare Chief Executive Officers and Alaska healthcare Chief Information Officers (representing all major IT networks in Alaska) to address this issue. ATAC has provided seed funding for enhancing the use of electronic health records (EHRs) and for the formation of the Alaska ChartLink (the Alaska RHIO), which will manage AHCN.

The Alaska Electronic Health Record (EHR) Alliance has initiated a pilot project to create a statewide model for EHR implementation. The project has received private grants to support implementation of EHRs for physicians, as well as educational support for prospective physicians. A recent poll of 184 Alaska primary care practices providers performed by Qualis Healthcare through its DOQ-IT initiative showed that 28% are already using some version of an EHR. The Alaska EHR Alliance will evaluate the implementation process to establish standards for EHR capabilities, vendor expectations, and clinical outcomes. The existence of the Alaska EHR Alliance will directly facilitate the inclusion of physicians and clinicians in AHCN.

The Central Peninsula Health Information Network received an Agency for Healthcare Research and Quality (AHRQ) planning grant to address information sharing among the hospital, health centers, long-term care facilities, mental health counseling, and tribal health in the Kenai/Soldotna area. The largest hospital in Alaska, Providence Alaska Medical Center, is implementing EHR at its five hospitals and clinics. Ketchikan General and Fairbanks Memorial also have data sharing and access agreements with other local facilities.

ANTHC also applied for and received funding through AHRQ's Health Information Security and Privacy Collaboration. This project, managed by Alaska ChartLink, provided the basis for the privacy and security policies, procedures, and participation agreements that will be put in place as the AHCN is designed and implemented.

Many telehealth projects in the state have made significant strides in the development of programs to reach rural Alaska residents. These programs could be expanded to reach all rural residents with the development of AHCN. Telehealth projects include:
- Alaska Federal Healthcare Access Network (AFHCAN)
  The AFHCAN telehealth platform is a secure and proven store-and-forward technology that increases the quality and accessibility of healthcare at the point of patient contact. The AFHCAN system provides an innovative approach to ease of use, mobility, support for widely varying clinical workflows, and a robust communication platform. AFHCAN offers a complete product solution that includes store-and-forward telehealth software, automatic software updates, application hosting services with third party ASP's, AFHCAN Telehealth Cart and other platforms, integrated biomedical peripherals, clinical workflow assessments, certified training, and remote monitoring. AFHCAN is now in use at over 250 federal and state sites with 10,000 cases per year. The project has incorporated equipment designs, creation of a

telehealth cart, creation of secure transport over unreliable satellite communications, and creation of easy to use software.

- Alaska Rural Telehealth Network (ARTN)
  The ARTN aims toward real-time, broadband information exchange, to include healthcare education, CEU/CME material, teleradiology, high-definition video teleconferencing, VoIP exchange services, VPN portal services and other advanced Telehealth services. As a private telehealth network, the ARTN is located in nine hospitals and three of Alaska's larger community health clinics. The ARTN provides rural, remote communities with the ability to increase the quality of care offered to residents while alleviating the expense to families (and third party payers) of unnecessary patient and family member travel to larger, more urban facilities (travel that is often now required because local treating professionals lack adequate assessment and treatment tools). The parent organization of ARTN is the Alaska State Hospital and Nursing Home Association.

- Rural Alaska Video E-Health Network (RAVEN)
  ANTHC developed RAVEN to enable tribal healthcare facilities throughout the state to communicate for clinical services, education, and administration. RAVEN takes advantage of an existing telehealth network managed by ANTHC which connects most of the 204 tribally-managed hospitals and clinics throughout Alaska that constitute the Alaska Tribal Health System. The focus of RAVEN is to provide appropriate management software and hardware to easily manage and schedule conferences.

- Telebehavioral Health Program
  In partnership with individuals, their families and the community, natural network and providers, Alaska Psychiatric Institute's Alaska Recovery Center provides therapeutic services that assist individuals in achieving a personal level of satisfaction and success in their recovery. API instituted the Telebehavioral Health Program to "create, promote, and maintain access to behavioral health services through advanced technology in rural and frontier Alaska." The initiative is an innovative concept in service delivery that allows Anchorage-based behavioral health professionals to serve rural Alaskans through advanced video teleconferencing. This program currently provides 12-15 consults per week to seven locations and has provider capacity to expand this service to additional rural sites.

- Telepharmacy Project
  A telepharmacy project spearheaded by Alaska Tribal Health Systems has made it possible to bring medication procurement, storage, and accountability into compliance with the standards of practice. Telepharmacy has improved access to needed medications, provided the ability to record prescribing trends, and enabled reconciliation of patient medications across the continuum of care for 12 locations and provides over 22,000 prescriptions per year. AHCN would allow this service to be expanded to other rural sites.

Collaborating Organizations & Governance

Providers throughout Alaska recognize the need for an integrated, statewide network. Currently, Alaska has a wide range of approaches to health information communication. Many networks have been established regionally, but their independence has limited network capacity and capability. The AHCN is a collaboration of disparate networks and providers seeking to unify healthcare delivery throughout Alaska. The success of this project will make new services available to rural populations, economize specialty healthcare needs, and create necessary infrastructure redundancies for reliable network access.

Planning Organizations
For the past 10 years, the State of Alaska has engaged in statewide HIT and telehealth projects to provide better access and higher quality healthcare to Alaska's citizens. During the telehealth project implementations, it soon became apparent that there was a need to consolidate activities and provide a forum for healthcare organizations that would assist in closer collaboration of telehealth activities. The Alaska Telemedicine Advisory Commission was formed at the request of Senator Ted Stevens in November of 1998. To provide a higher level of coordination and cooperation, Senator Stevens asked the Alaska Commissioner of Health and Human Services to organize an advisory body that consisted of the potential major players in telehealth in our state. One of the directives of this commission was to recommend a long-term process for addressing issues as they emerge with changing technologies and practice patterns, including issues of security and privacy. In 2000, the commission changed its name to the Alaska Telehealth Advisory Council (ATAC), which it retains today.

The mission of the Alaska Telehealth Advisory Council (ATAC) is to coordinate telehealth initiatives in Alaska. ATAC is co-chaired by the State Commissioner for Health and Social Services and the CEO of the Alaska Native Tribal Health Consortium. ATAC also includes members from most major healthcare stakeholders in the State, specifically Alaska Mental Health Trust, Alaska Primary Care Association, Alaska Regional Hospital, Alaska State Medical Association, Providence Hospital System of Alaska, University of Alaska, Fairbanks Memorial Hospital, Department of Veterans Affairs, Alaska Nursing Association, and Premera Blue Cross. ATAC has provided funding to pilot video conferencing and store-and-forward telehealth projects. In 2004 ATAC created a Data Committee to address the sharing of other clinical information and, in 2005, accepted responsibility to guide the creation of an Alaska RHIO.

ATAC created a sub-organization, Alaska ChartLink, to develop the Alaska RHIO. The mission of Alaska ChartLink is to promote widespread access to a statewide HIE system that improves quality, safety, and efficiency in healthcare by making vital data available to patients, providers, and payers. Alaska ChartLink will establish a statewide network that will combine existing networks, as well as many individual providers, to form the Alaska HealthCare Network (AHCN). Alaska ChartLink operates through resources from strategic partners including Alaska Federal Healthcare Partnership, Alaska Mental Health Trust Authority, Alaska Native Tribal Health Consortium, Premera Blue Cross/Blue Shield, Providence Alaska Medical Center, and the State of Alaska, Department of Health and Social Services, and Division of Public Health. Alaska ChartLink has also received a federal contract from AHRQ to assess the privacy and security issues as related to the exchange of health information. This national project will identify Alaska's specific issues, needs, and recommendations in the development of national policies for HIE.

To assist in the successful implementation of a statewide network, Alaska ChartLink will collaborate with the Alaska EHR Alliance. The Alaska EHR Alliance was formed in 2005 to support the implementation of EHR in physician offices in Alaska. Its membership includes physicians, other clinical providers, and community representatives from around the state. While Alaska ChartLink focuses on creating a secure technology link to connect all healthcare entities, Alaska EHR Alliance provides the direct community provider link for EHR adoption.

Participating Organizations

Alaska Distance Education Consortium (ADEC)
ADEC has an executive group of policy makers for its Board and a broad membership base, both of which represent higher education, K-12 education, vocational education, military affairs, health education, the private sector, and several other key stakeholders in Alaska. In 2005, ADEC joined with the University of Alaska (UA), an Internet2 member, and Alaska ISPs to deploy the Ak20 Network, which gives Internet2 access to eligible institutions. These are defined in the UA-ADEC Internet2 SEGP agreement as all Alaskan educational and research institutions including "... pre-K-20 schools, libraries, museums, supplemental education service providers, tribal organizations, government agencies, hospitals, health facilities and specialized education institutions such as the Alaska Challenger Center, the Alaska Sealife Center, and the Alaska Native Heritage Center." Participation in the Ak20 Network is through ADEC membership. Currently, the Ak20 Network has points of presence in Anchorage and Fairbanks, with another due to open soon in Juneau.

Alaska Federal Healthcare Partnership (AFHCP)
AFHCP was founded in August 1995 to establish and take advantage of collaborative efforts including training, service contracts, and technology. Its members include, Dept of Veterans Affairs, US Army, US Air Force, Indian Health Service, ANTHC, and the US Coast Guard. As a partnership, they have been able to provide millions of dollars for collaborative HIT/HIE projects including teleradiology and the Alaska Federal Healthcare Access Network (AFHCAN) telehealth project. The AFHCP teleradiology system exchanges radiology images among federal agencies.

Alaska Primary Care Association (APCA)
 The APCA is a non-profit membership organization founded in 1995 to promote, expand, and optimize access to primary care in the great state of Alaska, particularly for the underserved. Its vision is that all Alaskans shall have access to basic primary healthcare. APCA works with its partners in the private and public sectors to support and connect the organizations and people who provide that care. APCA members include "safety net" primary care providers, including federally funded community health centers, rural health clinics, native health corporations, community clinics, and others with a similar mission.

Alaska State Hospital and Nursing Home Association (ASHNHA)
ASHNHA provides: legislative and regulatory advocacy at all levels of government; acts as a steward of resources by supporting fiscally responsible initiatives; provides health information to members and the public; promotes opportunities for networking among our members; works to improve the health status of all Alaskans; and remains committed to advancing knowledge about health through education and training.

Alaska Tribal Health Systems (ATHS)
The ATHS is a collaborative of the 39 autonomous tribal health organizations that have assumed management of the services that the Indian Health Services began providing in 1954. The ANTHC provides ATHS with system-wide services and support, including HIT support. The ATHS "system"

formally recognizes the interconnectedness of tribal providers and their common interests. The ATHS wide area network (WAN) is a state-of-the-art, secure telehealth network designed to meet the telehealth needs of the ATHS organizations in all areas of Alaska. Stretching from Barrow in the north to Metlakatla in the Southeast, the WAN connects healthcare professionals and increases access to care for some of Alaska's most remote communities. The network was originally built to support the AFHCAN store-and-forward software, but has expanded to support many other services such as teleradiology, telepharmacy, health information systems access and integration, distance education, video conferencing, voice over IP, and managed VPN access.

State of Alaska, Department of Health and Social Services (DHSS)
DHSS operates the Medicaid program in Alaska. Various Divisions of DHSS directly operate or oversee and fund many health and health-related services throughout the state.
DHSS maintains complex data systems including a Medicaid database, a behavioral health database, epidemiology and immunization registries, and a preparedness database. However, there are few interfaces among the databases or between healthcare providers and the state databases. Recent reviews (HIPAA Assessment, PHIN assessment) have pointed to the need for sharing of healthcare information in a secure and legal manner. Enterprise Technology Services and DHSS have several projects underway to upgrade security and data sharing capacity on the state WAN, in part to enable widespread use of web-based health-related applications and to position state agencies to participate in secure electronic exchange of health information. The divisions within the DHSS are as follows:

- The Division of Behavioral Health operates Alaska Psychiatric Institute, funds a network of non-profit community-based mental health clinics across the state, and coordinates behavioral health treatment services in Alaska. The Division of Behavioral Health coordinates with the Office of Children's Services and the Division of Healthcare Services to oversee and fund statewide treatment services for seriously emotionally disturbed children. The Division of Behavioral Health also houses the Traumatic Brain Injury Services.

- The Division of Pioneer Homes operates six facilities in the Southcentral and Southeast regions of the state. Pioneer Homes offer aid, benefit, and safety to Alaskans over the age of 65 who have a physical disability or other reason for being unable to maintain daily household tasks without regular assistance. Licensed as assisted living homes, the Pioneer Homes provide a range of professional services, including assurance of a safe environment, occasional help with daily life skills, assistance with healthcare, personal care, and other support services, such as end of life care. Many residents receive a level of service that qualifies for the Older Alaskan Home and Community-Based Medicaid waiver.

- The Division of Public Health directly provides or administers public health services that are often the responsibility of county or municipal governments in states with a network of local health departments. The programs within the Division of Public Health are as follows:
  - Alaska Public Health Laboratories
  - Alaska Public Health Training Network
  - Emergency Medical Services
  - Epidemiology
  - Public Health Nursing
  - Public Health Preparedness Program

- The Office of Children's Services directly operates child protection services throughout the state and provides other health and social services to children and families through networks of grantees, such as the Alaska Early Intervention/Infant Learning Program. Expanding the Alaska telehealth system will increase access to related service consultations and support to children across the state.

- The Section of Women's, Children's and Family Health administers newborn metabolic and hearing screening, genetics clinics (for diagnosis and genetic counseling), specialty clinics for cleft lip/palate and neurodevelopmental conditions, and breast and cervical cancer screening. The Breast & Cervical Cancer Health Check (BCHC) program provides breast and cervical cancer screening to women ages 18 to 64 who meet certain income guidelines, who do not have insurance, cannot meet their deductible or whose insurance does not pay for BCHC services. Through a network of screening providers in Anchorage, Chugiak, Cold Bay, Cordova, Eagle River, Fairbanks, Gakona, Glenallen, Gustavus, Healy, Homer, Juneau, Kenai, Ketchikan, King Cove, Kodiak, Palmer, Petersburg, Sand Point, Seward, Soldotna, Talkeetna, Tok, Wasilla, Willow and Wrangell, BCHC strives to provide services to 9,000 women each year.

University of Alaska
The University of Alaska plays a pivotal role as the primary provider of education leading to health degrees and certificates within the state, offering 27 health degrees and 44 certificate programs. In addition, the University is an important source of continuing education for degreed and credentialed healthcare personnel. The University of Alaska is well positioned to assume the research role in important disciplines such as public health, nursing, gerontology, social work and psychology. Each of these roles will benefit from the enhanced infrastructure made possible by this proposal. The University of Alaska is also a member of the University Corporation for Advanced Internet Development (UCAID), also known at Internet2. The University will assist in the planning of an Internet2 network connection for the AHCN.

(Please see Appendix 2 for a complete list of over 300 participating facilities, including contact information and RUCA codes.)

Project Description

This project highlights the importance of the relationships between patients and providers, citizens and government entities, employers and employees, and rural and urban populations. The AHCN focuses specifically on connecting small rural communities to the health services they need in both sub-regional hubs and urban health centers.

The three main objectives of the Alaska HealthCare Network (AHCN) are to:
1. Unify disparate healthcare networks throughout Alaska and supply rural health providers with connectivity to urban health centers for the purposes of telehealth and health information exchange (HIE).
2. Provide Internet2 services across the AHCN to improve network capacities and gain access to health services in the lower 48 states.
3. Work with the FCC to identify and test innovative methods of funding, investigate ways to increase network efficiencies, and develop a strategy for uninterrupted rural connectivity.

To accomplish these large-scale tasks, AHCN will undergo two phases. *Phase I* will work closely with the collaborating organizations to design a network that meets the requirements for enhanced broadband capability with reliable, ubiquitous connectivity. This is the only way Alaska will achieve the potential of videoconferencing, telehealth, and HIE. Once the network design is completed, *Phase II* of the project will move forward to install and implement the requisite technological components.

Phase I: Network Design (six months)
This phase will determine the best approach to connect independent networks and providers into a single, unified network for HIE and delivery of telehealth applications equitably across Alaska. Alaska ChartLink will contract with a minimum of three network design engineering firms from around the state and nation to accomplish its objective for creating a seamless, integrated healthcare network. The engineers will evaluate existing sub-regional networks and identify gaps and duplications in connectivity. Alaska ChartLink will work with the engineers to design the AHCN using a best practices study and determine the most appropriate solution for connecting providers statewide.

A network team, made up of key stakeholders from the major healthcare networks in the state, will collaborate with the contracted experts to ensure that existing network connections are utilized whenever possible. In order to address clinical requirements, this stakeholder group will consist of healthcare administrators, providers and IT professionals.

The network design engineers will also be charged with designing the network interconnection topology to extend broadband connectivity and Internet access to all critical access facilities not currently served by existing networks. The team will use the experience of multiple organizations to provide secure, credentialed access for all health care providers. Alaska ChartLink intends to create a connection between the AHCN and an Internet2 (I2) network by collaborating with the University of Alaska (UA) to determine the most appropriate access point to the Pacific Northwest Gigapop (PNWGP). This connection will provide AHCN with high-speed data transfer capabilities while maintaining quick access for users. The support of I2 will directly facilitate HIE and telehealth applications by providing an effective medium for data to be delivered to tertiary care facilities outside of Alaska and ensure that telehealth capabilities will be efficient and reliable. As it is developed, the AHCN will extend connectivity to tertiary providers in the lower 48 states via I2. The AHCN also

intends to utilize I2 specific tools for security, videoconferencing and other Web 2.0 applications as they are developed.

Alaska ChartLink, under the direction of ATAC, has developed a sustainable business model for addressing ongoing operations of the network, which was developed independently of this FCC proposal. The business model will be shared with the contracted network engineers to facilitate planning and long-term strategy solutions.

The final product from the design team will be a network design and Request for Proposal that can be posted on the FCC website for interested bidders. The final report from the design team will also provide solutions and recommendations for enhancing the Rural Health Care funding strategies. The design team will also work with Alaska ChartLink to calculate the cost for private, for-profit corporations to join at a fair value.

Phase II: Network Implementation (18 months)

Once the infrastructure design has been completed, Alaska ChartLink will solicit bids, select vendors using an open selection process, and coordinate installation of the necessary telecommunication infrastructure to create the AHCN. Based upon the network design engineers' recommendations, Alaska ChartLink will implement the requisite telecommunication links (i.e. TLS, T3 or other line configurations), routers, and bridges to maximize network capacity.

The network will utilize an I2 connector location to access the PNWGP. Through the access point, AHCN will be linked to an I2 network, such as Abilene. I2 service will provide the AHCN with advanced network applications, including security and tunneling protocols and high-definition video streams. Linking to an I2 network will also facilitate the communication and exchange of educational tools between University of Alaska, Georgetown University, University of Washington, and rural healthcare providers in Alaska. It is intended that I2 will keep Alaskan providers in touch with cutting edge healthcare issues by opening access to the hundreds of universities currently on-line. The connection to an I2 network will also improve Alaska's coordination in the WWAMI program, which provides assistance to medical students in the rural communities of Washington, Wyoming, Alaska, Montana, and Idaho.

This project will assist public, private, for-profit and not-for-profit institutions with advanced telecommunication capabilities in rural Alaska. AHCN will become a model for widespread dissemination of HIE and telehealth for both rural and urban communities across the country, demonstrating the effectiveness of connected healthcare delivery. As such, AHCN will be available as a test bed for FCC funding strategies.

(*See Appendix 3 for a diagram of the proposed network.*)

Outcomes

While the FCC Rural Health Care Pilot Program does not provide funding for health technology applications, the implementation of the proposed coordinated network will facilitate the use of HIE, telehealth applications (both videoconferencing and store and forward), and Voice over IP (VoIP). Since many of these applications are being developed or implemented on disparate networks throughout the state, the unification of networks will allow for these existing applications to be shared with all connected AHCN members.

The development of a statewide healthcare network will allow for any organization to have one connection point for all available services. Connecting to a managed system reduces the barrier to entry and provides higher quality, greater throughput, greater reliability, and lower support costs for the participating organizations. This coordinated approach allows the organizations to focus on the business of healthcare and worry less about the technology.

Telehealth applications play a vital role in the communication between providers, patients, and other healthcare delivery organizations. While telehealth applications are currently in practice at many of the locations, this project will increase both the number of users and the number of functionalities. Telehealth will be used for a variety of specialty services, including pharmacy, orthopedics, pathology, and ear, nose, and throat practices. Communication via telehealth may be in the form of store-and-forward methods or real-time transmission of digital images. Another application of telehealth in this project will support Telepsychiatry, in which the use of video conferencing will enable patients to visit doctors at another location. Video communication will also be used in doctor/clinic-to-hospital conferencing, delivering care to special needs children in school, monitoring of ICU patients, and administering complex, real-time catheterization studies. Telehealth will support various home health applications as well, allowing private nurses and aides to communicate with the doctors regarding their patient's health.

The HIE will be developed using standards based data sets, messaging services and interfaces to allow bi-directional flow of information between members, forming the AHCN. This will allow for the transmission of relevant patient information, such as EHRs, digital radiology images, or consultative reports, between providers in real time. This functionality is particularly important in Alaska where the harsh topography alone causes physicians to rely heavily on telecommunications. The network will use anonymous resolution to preserve the privacy and security of the data through de-identified transfer of information. The network will also implement a record locator service to allow each provider to select the information that can be shared, maintaining patient privacy as needed.

Another functionality of the AHCN will be the Personal Health Record (PHR). The PHR enables patients to manage their own healthcare and closely monitor their personal health information. Patients will be able to communicate with clinicians through a portal, as well as send emails. Patients will also be able to save their PHR to disk and transport their relevant patient information to any doctor. In addition to accessing their health information, patients will also be able to utilize network resources such as condition specific support networks, disease specific knowledge bases, and other e-clinical services such as online scheduling, clinician messaging, and access to educational materials. These new advances will allow Alaskans to improve their own healthcare by making them an active participant in the collection and maintenance of relevant information. The PHR will provide a mechanism for patients to set access permissions and review audit reports of their health information.

The creation of the AHCN will greatly improve the capabilities of patients, providers, and payers to access important healthcare information. School nurses will be able to access student records, such as dental histories and immunizations, to help parents better manage their children's needs. The University of Alaska will be better able to offer degree and certificate programs to more students at distant locations. Clinics and universities will have open communication, including multicast seminars in medicine and healthcare research access that could strengthen the knowledge base of Alaskan providers. The AHCN will provide accessible data for important public health monitoring, such as disease registries, immunizations, bio-terrorism tracking, and disaster preparedness. In addition, the network will offer a connection to Emergency Medical Services throughout the state, as well as

maintain a global catalog of emergency services and providers. Alaskan providers will be directly connected to payers, including Medicaid, for eligibility, submission, and reporting services.

Last, the process of network implementation will be documented for reporting to the Rural Health Funding Program. These reports will provide valuable insight to the uses of FCC funding for future and ongoing investments. Alaska ChartLink will work with the FCC to collect data and identify ways that Rural Health Care Funding can assist in providing an uninterrupted, efficient high-speed network that is applicable to small rural communities nationwide. Connecting physicians through a network spanning across Alaska will provide a valuable model for dissemination throughout the nation, especially to rural areas. The AHCN will demonstrate that the appropriate distribution of bandwidth in rural areas can be more effective than increasing bandwidth to urban settings. Additionally, the collaboration of public and private organizations involved in this project can help the FCC to resolve issues regarding fees for network usage.

Management Plan
This proposal is offered by and will be managed by the Alaska Native Tribal Health Consortium (ANTHC) on behalf of the Alaska Telehealth Advisory Council (ATAC). Traditionally, ANTHC has served as the financial agent for telehealth projects within Alaska. Since inception of the Alaska Telehealth Advisory Council, ANTHC has served as the formal entity and responsible fiscal agent through which funding and support for ATAC has flowed.

ATAC created the Alaska ChartLink with the specific intent to encourage participation in a statewide HIE and to develop the Alaska HealthCare Network (AHCN). The Steering Committee of Alaska ChartLink possesses the leadership and technological expertise to carry out this project and will be under the guidance of ATAC and ANTHC.

ALASKA HEALTHCARE NETWORK (AHCN) WORKPLAN			
Goal:	Connect rural providers, patients, payers, and state agencies across Alaska, including both public and private organizations.		
Objective:	**Key action steps:**	**Responsible entity:**	**Months:**
Unify disparate healthcare networks throughout Alaska and supply rural health providers with connectivity to urban health centers for the purposes of telehealth and health information exchange.	Hire a minimum of three expert network consultants to evaluate and determine the best-practice approach to the AHCN design.	Alaska ChartLink	1
	Establish a series of stakeholder meetings to discuss and coordinate needs/options.	Alaska ChartLink, participating networks, network consultants	1-2
	Prepare a functional network design and compose an RFP.	Alaska ChartLink, network consultants	2-6

Objective:	Key Action Steps:	Responsible entity:	Months:
Continued	Deploy network infrastructure.	Alaska ChartLink, network consultants, participating networks/providers	6-24
	Establish/improve HIE and telehealth capabilities.	Alaska ChartLink, participating providers	6-24
Provide Internet2 (I2) services across the AHCN to improve network capacities and gain access to health services in the lower 48 states.	Coordinate with UA in Fairbanks to establish connectivity to an I2 network.	Alaska ChartLink, network consultants, UA	12-24
Work with the FCC to identify and test innovative methods of funding, investigate ways to increase network efficiencies, and develop a strategy for uninterrupted rural connectivity.	Meet with FCC to determine priority research areas and discuss possible solutions to system inefficiencies.	Alaska ChartLink, network consultants, FCC	1-24

Management Team

When Alaska ChartLink attains legal 501(c)3 status, the Steering Committee will become the Board of Directors to assume the formal responsibility of the AHCN planning and ongoing operations. Bylaws will need to be drafted, reviewed and approved. Officers will be selected and will have limited terms. Currently, the Steering Committee works in an advisory capacity and by consensus.

Alaska ChartLink Steering Committee	
Member:	**Affiliations:**
Alex Malter, MD, Medical Director	Medicaid, State of Alaska, Dept. of Health and Social Services
Alex Spector, Director, VA and Chair	Alaska Federal Health Care Partnership
Duane Heyman, Executive Director	Alaska Health Care Roundtable
Eric Wall, MD, MPH, Medical Director	Premera Blue Cross/Blue Shield
Garth Hamblin, CFO	Bartlett Regional Hospital
Jay Butler, Director	Division of Public Health, State of Alaska, Dept. of Health and Social Services
Jeff Jessee, Executive Director	Alaska Mental Health Trust Authority, State of Alaska, Dept. of Health and Social Services
Joel Gilbertson, Regional Director	Strategic Development and Administration, Providence Alaska Health Care Systems
Karleen Jackson, Commissioner	State of Alaska, Dept. of Health and Social

	Services
Marilyn Walsh-Kasmar, Executive Director	Alaska Primary Care Association
Pat Luby, Advocacy Director	AARP, Alaska State Office
Paul Sherry, CEO	Alaska Native Tribal Health Consortium
Richard Mandsager, MD, MPH, Executive Director	The Children's Hospital at Providence
Rod Betit, President	Alaska State Hospital and Nursing Home Association
Tom Nighswander, MD	Family Practice, Alaska Telehealth Advisory Council

The FCC Rural Health Care Pilot Program Team is composed of a Project Manager, an administrative assistant, an ATAC facilitator, a network engineer and other key officer staff and expert consultants. No FCC funding is requested for staff positions.

The Alaska ChartLink Director, Rebecca Madison, is the designated Project Manager for the FCC Rural Health Care Pilot Project. *(Please see Appendix 4 for Ms. Madison's resume.)*

Ms. Madison has a long track record coordinating statewide health IT and telehealth projects for distributed work groups. Ms. Madison will be responsible for leading the search for engineers to develop the statewide network design. The search will follow normal ANTHC contracting guidelines to assure a fair selection process according to all Alaska State laws. Ms. Madison will forward candidates for the consultant contracts to the Steering Committee with recommendations. The Steering Committee will then recommend contracting by ANTHC.

As the project leader, Ms. Madison will coordinate the network design through collaborative planning meetings, involving work groups and Alaska stakeholders to increase familiarity of the project and encourage wide participation. This project will seek to identify all potential issues and perspectives from as many stakeholders possible throughout all sectors of Alaska. Ms. Madison will oversee all report preparation, project documentation, and will accept responsibility for maintaining progress to successfully reach all timeline milestones. Ms. Madison will also serve as the point of contact for the FCC in regards to this project. In addition, Ms. Madison will be supported through Contracts and Procurement services of the offeror, which will institutionally insure contractor adherence to requirements as outlined in the FCC contract(s) provisions.

The Alaska ChartLink website will be used to provide timely reports to all project partners, updates on network status, work group document archives (password protected), Alaska state assessment tools, and RSS news feeds for dissemination of program progress.

Under agreement with ANTHC, Dr. Tom Nighswander has served as the facilitator of ATAC since 1999. He will work with Ms. Madison to incorporate the Rural Health Care Pilot Program management and Steering Committee responsibilities into ATAC agendas, and to facilitate the necessary discussion and decision-making.

It is anticipated that Phase I (Network Design) will be accomplished in the first six months. ANTHC will contract with a team of network engineers and specialists to analyze the current technologies

available, work with all partners to identify the most efficient connections, and prepare a network design plan that can be utilized in an RFP to begin *Phase II* of the AHCN implementation.

Fiscal Information

PROPOSED BUDGET FOR ALASKA HEALTHCARE NETWORK

	ANTHC[1] Year 1	FCC (85%) Year 1	ANTHC Year 2	FCC (85%) Year 2	Project Total
Personnel					
Program Manager*	125,000		125,000		250,000
Program Assistant*	43,000		43,000		86,000
Network Liaison*			125,000		125,000
Project Coordinator*	45,000		90,000		135,000
Benefits	52,080		90,830		142,910
Contractual					
ATAC Facilitation*	75,000		75,000		150,000
Legal*	250,000		250,000		500,000
PHASE 1					
Network Design	90,000	510,000			600,000
PHASE 2[2]					
Infrastructure Deployment					
User Admin/Security/Single Sign On**	124,500	705,500	63,000	357,000	1,250,000
Network Infrastructure**	99,000	561,000	201,000	1,139,000	2,000,000
Video Bridge**	75,000	425,000	75,000	425,000	1,000,000
Routers/bridges (125 new sites)**	156,000	884,000	312,000	1,768,000	3,120,000
Advanced Telecommunications					
Internet 2 Access (Anc, Fbk, Jun)	12,000	68,000	24,000	136,000	240,000
Network Management/Maintenance	48,000	272,000	96,000	544,000	960,000
Video Management/Maintenance	48,000	272,000	96,000	544,000	960,000
Implementation/Training**	60,000	340,000	120,000	680,000	1,200,000
Telecomm Connections (non-USF)	84,150	476,850	56,100	317,900	935,000
Information Services					
Personal Health Record*			500,000		500,000
MPI & Anonymous Resolution*			450,000		450,000
Record Locator & Messaging Service*			600,000		600,000
Implementation/Training*			550,000		550,000
Outsourced servers/Maintenance*			600,000		600,000
TOTAL DIRECT	**1,386,730**	**4,514,350**	**4,541,930**	**5,910,900**	**16,353,910**
Indirect 12%[3]	**44,770**		**268,780**		**313,550**
TOTAL	**1,431,500**	**4,514,350**	**4,810,710**	**5,910,900**	**16,667,460**

* No funds requested from FCC

** One time expenses

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[1] Match funds from State and Local sources.

[2] Estimate—to be adjusted after Phase 1: Network Design is completed.

[3] Personnel and Benefits only (ANTHC does not charge indirect on contracts over $25,000)

Total Costs

The Alaska HealthCare Network (AHCN) anticipates a $4.5M capital request from the FCC for *Year One* and a $5.9M capital request for *Year Two.* It is expected that ANTHC will continue to follow USAC rules in applying for services, including filing the applications and USAC forms, prior to contracting. All budget items are estimates only and ANTHC will follow due diligence to purchase the most cost effective services based on the RFP.

For *Year One*, ANTHC and the partners will support operating costs and capital requirements of $1.4M, covering all personnel expenses and a portion of the network components. Specifically, ANTHC will fund the salaries and benefits for the Program Manager, Program Assistant, ATAC facilitation and legal expenses. The network component funding from ANTHC and partners will support 15% of network design (to determine a best practice model), user administration and security, network infrastructure, a video bridge, routers/bridges (at 125 sites), Internet2 access, network management/maintenance, video management/maintenance, personal health record (PHR) deployment, anonymous resolution, record locator service, implementation/training, and outsourced servers/maintenance. ANTHC and partners will also cover indirect costs for the project, which are included in their total estimated *Year One* contribution of $1.4M.

The projected FCC allowed costs (85%) for *Year One* will cover the remaining portion of the network components. Specifically, FCC funding would support network design, user administration and security, network infrastructure, a video bridge, routers/bridges (at 125 sites), Internet2 access, network management/maintenance, video management/maintenance, PHR deployment, anonymous resolution, record locator service, implementation/training, and outsourced servers/maintenance. The total estimated FCC contribution would be approximately $4.5M for *Year One*. Many of the *Year One* costs will be one-time expenses.

In *Year Two*, ANTHC and partners will assume the same responsibility in budget costs, excepting the one-time expenses made in *Year One*. The expenses that will not be necessary in *Year Two* include: network design and user administration and security. The total cost of all personnel, contractual fees, and a portion of the remaining network components funded by ANTHC and partners for *Year Two* will be $4.8M, including indirect costs.

The funding anticipated for *Year Two* to be covered by the FCC will be $5.9M. These expenses will cover routers/bridges for remaining sites, Internet2 upgrades, network management/maintenance, video management/maintenance, and implementation/training.

The total project budget for two years is $16.6M, with the FCC total contribution of $10.4M and the ANTHC total contribution of $6.2M.

Sustainability

The primary challenges for most healthcare networks across the country are developing and implementing strategies to achieve financial sustainability. Many networks have successfully obtained initial grant funding to initiate their projects, but grant funding is not a long-term solution for network financial sustainability. Recurring revenue streams must be developed to operate and expand network services, and generating a reliable revenue stream is dependent on demonstrating value and benefit to stakeholders and users.

While the incidence of documented return on investment generated by a statewide healthcare network is still limited, a large body of research indicates that health information technology (HIT) can dramatically reduce healthcare costs. All stakeholders will collaborate to define and assess the potential value created by a statewide healthcare network. That value assessment will guide development of an appropriate fee-based model to generate sustainable revenue for this network project.

The eHealth Initiative's *Connecting Communities Toolkit* defines the following Common Principles regarding finance, incentives, and values obtained from health information exchange (HIE):

1. The HIE functions will be the decision of each individual community-based entity following a thorough evaluation of community-based needs and opportunities for health and healthcare efficiency improvement on a local level. The expectation when choosing these functions is that the entire community will eventually participate.
2. HIEs will need to rely upon a sustainable business model for survival. The sustainable business model will be built upon a combination of prudent resource management and revenues contributed by the stakeholders who benefit from the health benefits and efficiency improvements of the HIE.
3. Incentives—either direct or indirect—are defined as upfront funding or changes in reimbursement to encourage, acquire and use HIT. In order to be effective, incentives—either indirect or direct—should:

   • Engage key stakeholders in the development—payers, purchasers and clinicians.
   • Focus on quality and performance, improved patient health outcomes, the HIT infrastructure required to support improvements and efficiencies, and the sustainability of HIE within communities.
   • Reward the use of clinical applications that are interoperable, using agreed-upon data standards and, over time, require that the interoperability of such applications be leveraged.
   • Avoid reductions in reimbursement that would have the effect of discouraging providers from acquiring and using HIT.
   • Address not only the implementation and usage (not purchase) of HIT applications but also the transmission of data to the point of care.
   • Encourage coordination and collaboration within the region or community.
   • Seek to align both the costs and benefits of HIE/HIT and be of meaningful amounts to make a positive business case for providers to invest the resources required to acquire and use HIT for ongoing quality improvement.
   • Transition from a focus on reporting of measures that rely on manual chart abstraction and claims data to measures that rely on clinical data sources and connectivity of standards-based, interoperable HIT applications at the point of care.

These principles support the developing framework for the AHCN sustainable business model.

Alternative Sources of Funds
The source of sustainable funding for Alaska ChartLink and the AHCN will come from two main categories:

1. Partner Funding: Partner funding generally represents contributions to a network from governmental or philanthropic organizations. These contributions can either be monetary or in-

kind contributions. Both federal and state organizations have actively provided grants to HIT networks, EHR and RHIO initiatives across the country. Philanthropic organizations like the Robert Wood Johnson Foundation and the Rasmuson Foundation have also provided significant funding for healthcare network initiatives and other healthcare programs.   Partner funding has been key to startup operations for many healthcare network initiatives across the country. One drawback of partner funding is the limited resources, making it generally not suitable to sustain operations. Ongoing revenue streams have also been identified.

Partner funding will be essential during the startup of Alaska HealthCare Network (AHCN) to finance upfront capital and development costs. Early marketing efforts will focus exclusively on securing major governmental and philanthropic sources of funds for both initial and ongoing requirements.

2. <u>Subscription Fees</u>: Subscription fees are a very straightforward approach to generating revenue and they represent a manageable and preferred alternative. Subscriptions do not discourage usage since fees charged are independent of utilization. Subscription fees are challenging because they require a strong understanding of startup and operating costs. Developing a fair distribution of fees across various users must be aligned with the benefits those users will receive in order to cover network costs. Subscription fees can be applied to both payers and providers.

- Purchasers of healthcare services (payers) will ideally recognize participation in the AHCN as an excellent opportunity to improve the wellness of their constituents and to reduce healthcare costs. For the network, payers represent a significant revenue opportunity—a reasonable number of strategic contacts and relationships promise to generate large revenue streams representing approximately 85% of the insured population. Soliciting subscription fees in this aggregate fashion will:
  - Avoid overhead for billing/collecting small individual fees across a large consumer population,
  - Allow payers and healthcare providers to market network access as another service offered to their clients, and
  - Generate a predictable income source for the network.

- Providers will both contribute and utilize the data exchanged through the AHCN. As information exchanged increases, a greater positive impact to healthcare is achieved. Accordingly, the network should strongly encourage data contribution and usage by not overly burdening providers to cover operational costs. Providers will benefit from using the network, and subscription fees will align with benefits received. Payers and providers will be asked to contribute annual lump sums (perhaps payable monthly) based on the number of constituents they represent. A tiered revenue model will be developed for healthcare provider subscription fees categorized as:
  - Hospitals and clinics
    - Large facilities and health system
    - Medium facilities
    - Small facilities
  - Clinicians and clinician groups
  - Individuals/Payers/Employers

Such a revenue model will establish inflow expectations and distribute expected

revenues proportionately across providers of various sizes.

(A complete copy of the business plan is available upon request. A summary of the revenue stream is attached as Appendix 5.)

Participation from <u>physicians</u> across the state will be key to the network's success. Physicians are crucial because they control a wealth of healthcare information for Alaska residents. Decreased costs and improved quality of care will be achieved as more clinicians access the network routinely during care delivery.

Connectivity to the network by <u>other clinicians</u> will also be critical. A comprehensive marketing, communication and training program will be developed to secure the participation of these providers. An Internet-based component will help reach remote clinicians throughout the state. Personal visits may be made to local and regional meetings of these individuals where many contacts can keep the cost per contact manageable.   Benefits that will positively impact clinicians financially should be identified, quantified and emphasized to the clinician population.

<u>Funding sources for costs not covered</u>

Required costs that are not covered:

- Salary of program manager
- Statewide coordination meetings
- Legal and participation agreements
- Drafting RFP and evaluating responses
- Help desk/network liaison

Assess a fee for all co-signers:

- Large facilities/hospitals ($25,000 annual)
- Mid-size facilities/hospitals ($5,000 annual)
- Small facilities/hospitals ($500 annual)
- Single providers ($50 per provider annual)

Initially, the partners will be assessed a fee for the coordination and maintenance of the network. As the network grows, this fee arrangement will be re-assessed and adjusted. It is anticipated that the cost savings to the individual partners and the improved communication capacity will far outweigh the minimum fee assessment. Most partners have agreed to participate in a "fee-for-service" model. Business agreements will be put in place as each partner is connected to the network.

Projected Capital
In order for AHCN to achieve its' goal of rural access to healthcare through telecommunications, the project must begin with infrastructure development. The infrastructure phase, which encompasses this proposal, is expected to span two years and will require substantial funding. However, future funding for infrastructure will not be required once installation has been completed. In parallel, individual organizations will begin planning and implementing telehealth and HIE capabilities to prepare for comprehensive connectivity. The AHCN anticipates telehealth and HIE implementation investments

to peak during the first six years, with varying degrees of capability between individual facilities. The FCC Rural Health Care Pilot Project provides funding for initial capital investments. Additional capital requirements will be addressed with state and private funding streams. The projected expenditures for telehealth and HIE efforts are depicted below:

CAPITAL REQUIREMENTS	Pilot (Year 1)	Full Project (Year 2-6)
Clinician Office EHR Adoption (Alaska EHR Alliance)	1,000,000	18,000,000
• Vendor selection		
• Pilot clinic selection		
• Project management & evaluation		
• Model implementation guidelines		
• Funding support for EHR purchase		
Health Information Exchange (Alaska ChartLink)	3,900,000	15,000,000
• Infrastructure (Hardware/Software/Telecom)		
• Personal Health Record for all Alaskans		
• Security and Privacy		
TOTALS	$4,900,00	$33,000,000
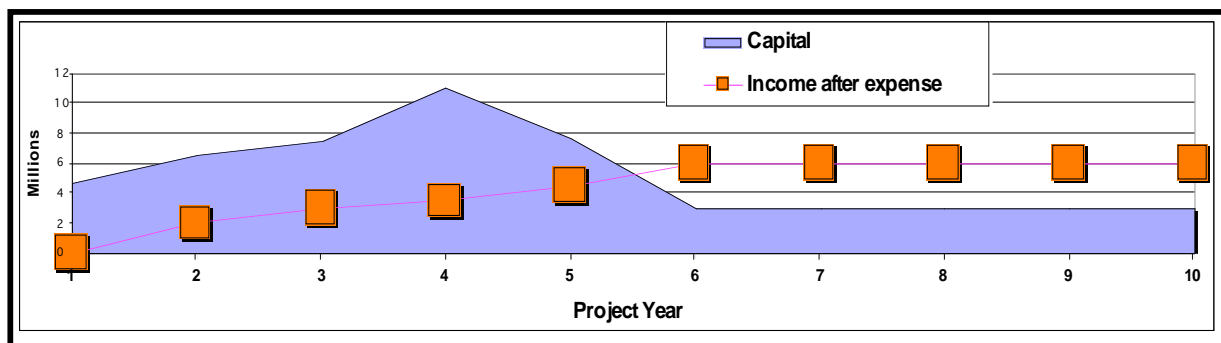
Appendix 1: Landmass comparison of Alaska versus the lower 48 states
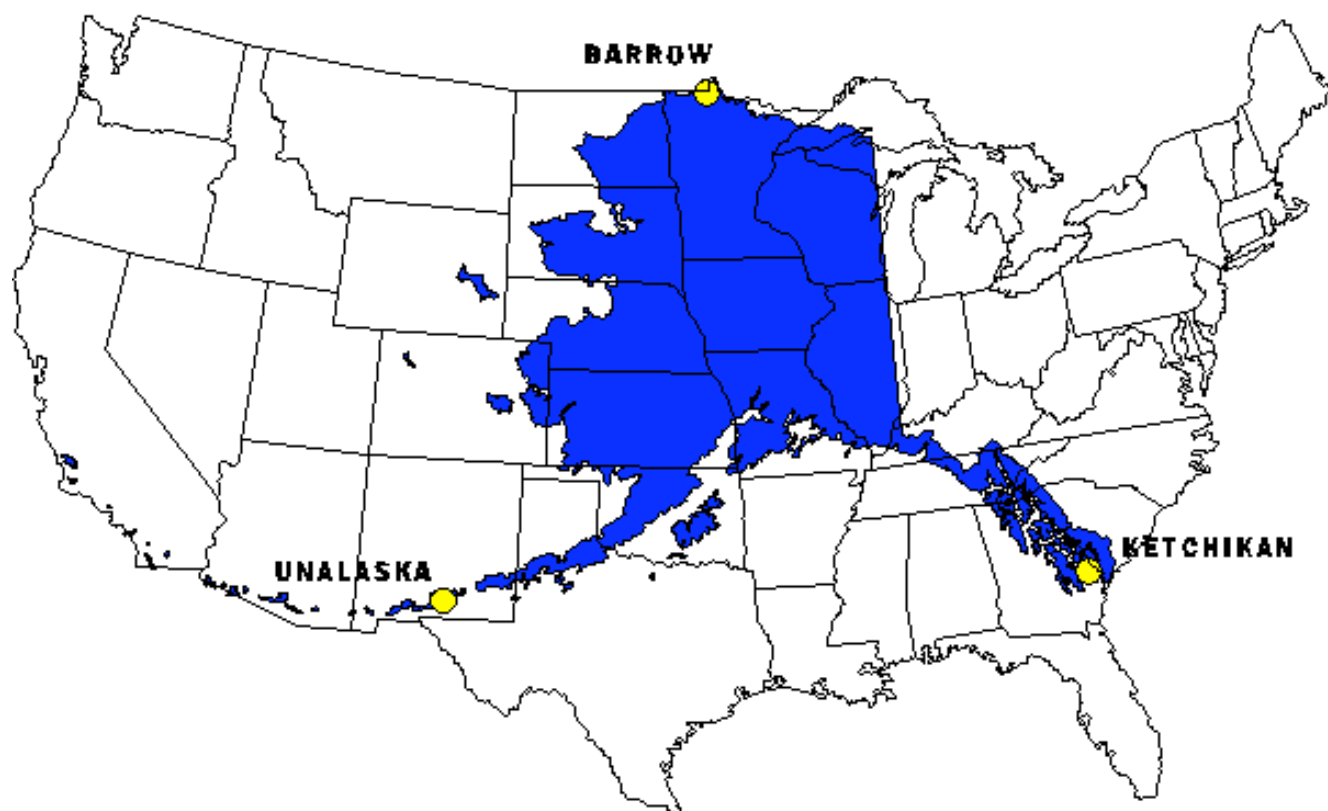
Appendix 2: Participating Facilities

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Adak Medical Clinic PO Box 2105, ADAK, AK (907) 592-8383 (907) 592-4287	99546	10	A
Akhiok Clinic PO Box 5009, AKHIOK, AK (907) 836-2224	99615	7	A
Akiachak Clinic General Delivery, AKIACHAK, AK (907) 825-4011 (907) 825-4173	99551	10	A
Alakanuk Clinic PO Box 167, ALAKANUK, AK (907) 238-3210 (907) 238-3706	99554	10	A
Alaska Brain Injury Network 3745 Community Park Loop, Suite 240 Anchorage, AK (907) 274-2824 (907) 274-2826	99508	1	Yes
Alaska EHR Alliance 4120 Laurel St., Suite 206, ANCHORAGE, AK (907) 561-7705 (907) 561-7704	99508	1	Yes
Alaska Federal Healthcare Partnership 1919 Bragaw Street, ANCHORAGE, AK (907) 269-7150 (907) 269-7251	99508	1	Yes
Alaska Island Community Services PO Box 1231, WRANGELL, AK (907) 874-2373 (907) 874-2576	99929	10	Yes
Alaska Native Medical Center 4315 Diplomacy Drive, ANCHORAGE, AK (907) 729-1994	99508	1	
Alaska Primary Care Association 903 West Northern Lights, Suite 200 Anchorage, AK (907) 929-2722 (907) 929-2734	99503	1	Yes

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[4] RUCA Code from 2004 Zip Code Data set for Alaska,
http://depts.washington.edu/uwruca/download.html

[5] 'A' denotes letter of support from parent corporation or affiliate organization.

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Alaska Psychiatric Institute (State of Alaska) 2800 Providence Drive, ANCHORAGE, AK (907) 269-7150 (907) 269-7251	99508	1	Yes
Alaska Regional Hospital PO Box 143889, ANCHORAGE, AK (907) 276-1131	99514	1	
Alaska, State of, DHSS, Division of Behavioral Services, PO Box 110620, JUNEAU, AK (907) 465-3370 (907) 465-4351	99811-0620	4	Yes
Alaska WWAMI Program Regional Medical School/University of Washington 310 K Street, Ste. 200, Anchorage, AK (907) 264-6784 (907) 263-6602	99501	1	Yes
Alatna Clinic PO Box 49, ALATNA, AK (907) 968-2314 (907) 968-2305	99720	10	A
Aleknagik Clinic - South Box 147, ALEKNAGIK, AK (907) 842-2185 (907) 842-1260	99555	10	A
Aleknagik Clinic-North PO Box 73, ALEKNAGIK, AK (907) 842-5512 (907) 842-2134	99555	10	A
Aleutian/Pribilof Island Assoc. Inc. 201 East 3rd ave., ANCHORAGE, AK (907) 276-2700 (907) 222-4209	99501-2503	1	Yes
Alicia Roberts MC - Klawock Clinic PO Box 163, KLAWOCK, AK (907) 755-4800 (907) 755-4806	99925	10	A
Allakaket Clinic PO Box 10, ALLAKAKET CITY, AK (907) 968-2248 (907) 968-2214	99720	10	A
Ambler Clinic PO Box 110, AMBLER, AK (907) 445-2129 (907) 442-7022	99786	7	A
Anaktuvuk Pass Clinic PO Box 21049, ANAKTUVUK PASS, AK (907) 661-3914 (907) 661-3916	99721	10	A
Anesia Kudrin MC - Akutan Clinic PO Box 113, AKUTAN, AK (907) 698-2208 (907) 698-2280	99553	10	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Angoon Clinic PO Box 27, ANGOON, AK (907) 788-3633 (907) 788-3180	99820	10.2	A
Anna Livingston MC - Cold Bay PO Box 65, COLD BAY, AK (907) 532-2000 (907) 532-2001	99571	10	A
Annette Island Family Medical Center - Metlakatla HC PO Box 439, METLAKATLA, AK (907) 886-4742 (907) 886-4788	99926-0439	10	A
Anvik Clinic PO Box 89, ANVIK, AK (907) 663-6334 (907) 663-6326	99558	10	A
Arctic Village Clinic PO Box KBC, ARCTIC VILLAGE, AK (907) 587-5229 (907) 587-5239	99722	10	A
Atka Clinic PO Box 47047, ATKA, AK (907) 839-2232 (907) 839-2239	99547	7	A
Atmautluak Clinic PO Box 6588, ATMAUTLUAK, AK (907) 553-5114 (907) 553-5412	99559	7	A
Atquasuk Clinic PO Box 91103, ATQASUK, AK (907) 633-6711 (907) 633-6916	99791	10	A
Bartlett Regional Hospital 3260 Hospital Drive, JUNEAU, AK (907) 586-3438	99801	4	
Beaver Clinic PO Box 24030, BEAVER, AK (907) 628-6228 (907) 628-6228	99724	10	A
Bethel Community Services PO Box 2188, BETHEL, AK (907) 543-2843 (907) 543-2796	99559	7	A
Bethel Family Health Clinic PO Box 1908, BETHEL, AK (907) 543-3773 (907) 543-3545	99559	7	Yes
Birch Creek Health Clinic PO Box KBC, BIRCH CREEK, AK (907) 221-2537	99740	10	A
Brevig Mission Clinic PO Box 85058, BREVIG MISSION, AK (907) 642-4311 (907) 642-2216	99785	10	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Bristol Bay Area Health Corporation PO Box 130, DILLINGHAM, (907) 842-5201	99576	10	A
Buckland Clinic PO Box 9, BUCKLAND, AK (907) 494-2122 (907) 442-7072	99727	7	A
Camai Community Health Center PO Box 211, School Road, NAKNEK, AK (907) 246-6155 (907) 246-6158	99633	10	Yes
Cantwell Clinic PO Box 56, CANTWELL, AK (907) 768-2122 (907) 768-2150	99729	10	A
Catherine Alexie Clinic - Upper Kalskag PO Box 9, UPPER KALSKAG, AK (907) 471-2220 (907) 471-2237	99607	10	A
Central Peninsula General Hospital 250 Hospital Place, SOLDOTNA, AK 907-262-4404	99669	4	Yes
Central Peninsula Health Centers 349 Main Street Loop, KENAI, AK 907-262-4120 907-262-9290	99669	4	Yes
Chalkyitsik Clinic PO Box 42, CHALKYITSIK, AK (907) 848-8215 (907) 848-8696	99788	10	A
Chefornak Clinic PO Box 49, CHEFORNAK, AK (907) 867-8919 (907) 867-8717	99561	10	A
Chenega Bay Clinic PO Box 8029, CHENEGA, AK (907) 573-5129 (907) 573-5148	99562	10	A
Chevak Clinic PO Box 212, CHEVAK, AK (907) 858-7029 (907) 858-7027	99563	10	A
Chief Andrew Isaac Health Center - Fairbanks 1408 19th Avenue, FAIRBANKS, AK (907) 451-6682 (907) 459-3911	99701	4	A
Chignik Bay Subregional Clinic PO Box 90, CHIGNIK, AK (907) 749-2282 (907) 749-2411	99576	10	A
Chignik Lagoon Clinic PO Box 25, CHIGNIK LAGOON, AK (907) 840-2218 (907) 840-2263	99565	10	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Chignik Lake Clinic PO Box 2236, CHIGNIK LAKE, AK (907) 845-2236 (907) 845-2223	99548	10	A
Chistochina Clinic PO Box 241, CHISTOCHINA, AK (907) 822-3280 (907) 822-3944	99586	10.3	A
Chitina Clinic PO Box 31, CHITINA, AK (907) 823-2213 (907) 823-2257	99566	10.3	A
Chuathbaluk Clinic General Delivery, CHUATHBALUK, AK (907) 467-4114 (907) 467-4317	99557	10	A
Circle Clinic PO Box 42, CIRCLE, AK (907) 773-7425 (907) 773-7425	99733	10	A
Clara Morgan Subregional Clinic - Aniak PO Box 269, ANIAK, AK (907) 675-4556 (907) 675-4560	99557	10	A
Clarks Point Clinic PO Box 49, CLARKS POINT, AK (907) 236-1232 (907) 236-1406	99569	10	A
Clear AFB Medical Clinic General Delivery, CLEAR, AK (907) 585-6414	99704	10	A
Communities Organized for Health Options (COHO) PO Box 805 Craig, AK (907) 826-3662	99921	10	Yes
Community Connections 2030 Sealevel Drive, Suite 350, KETCHIKAN, AK (907) 225-7825 (907) 225-1541	99901	7	
Community Outreach Program - Soldotna 362 Tyee St., SOLDOTNA, AK (907) 260-3691	99669	4	
Copper Center Clinic Box I, COPPER CENTER, AK (907) 822-3541 (907) 822-3085	99573	10.3	
Copper River MH center Drawer H, COPPER CENTER, AK (907) 582-2524 (907) 822-8801	99573	10.3	
Cordova Community Medical Center PO Box 160, CORDOVA, AK (907) 424-8000 (907) 424-8116	99574	10	Yes

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Craig Medical Clinic PO Box 656, Craig, AK 907-826-3257 907-826-3259	99921	10	A
Crooked Creek Clinic PO Box 49, CROOKED CREEK, AK (907) 432-2222 (907) 432-2221	99575	10	A
Cross Road Medical Center PO Box 5, GLENNALLEN, AK (907) 822-3203 (907) 822-5805	99588	10.3	Yes
Daybreak Inc. PO Box 1107, PALMER, AK (907) 746-6109 (907) 745-7565	99645	7.1	
Deering Clinic PO Box 23, DEERING, AK (907) 363-2137 (907) 442-7062	99736	7	
Delta Junction Family MC HC 60, Box 4860, DELTA JUNCTION, AK (907) 895-5100 (907) 895-5133	99737	10	
Denali Center 1510 19th Center, FAIRBANKS, AK (907) 842-5201	99701	4	
Diomede Clinic PO Box 7059, LITTLE DIOMEDE, AK (907) 686-3311 (907) 686-2181	99762	7	A
Dot Lake Clinic PO Box 2273, DOT LAKE, AK (907) 882-2737 (907) 882-2774	99737	10	
Eagle Clinic PO Box 134, EAGLE CITY, AK (907) 547-2243 (907) 547-2287	99738	10	
Eastern Aleutian Tribes, Inc 3380 C Street, Suite 100, ANCHORAGE, AK (907) 277-1440 (907) 277-1446	99501	1	Yes
Edith Kawagley Memorial Clinic - Akiak Clinic PO Box 216, AKIAK, AK (907) 765-7125 (907) 785-7856	99552	10	A
Eek Clinic PO Box 69, EEK, AK (907) 536-5314 (907) 536-5732	99578	10	A
Egegik Clinic PO Box 114, EGEGIK, AK (907) 233-2229 (907) 233-2328	99579	10	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Eklutna Health Clinic PO Box 670666, CHUGIAK, AK (907) 688-6031 (907) 688-6032	99567	1	A
Ekwok Clinic PO Box 11, EKWOK, AK (907) 464-3322 (907) 464-3362	99580	10	A
Elim Clinic PO Box 69, ELIM, AK (907) 890-3311 (907) 890-2280	99739	10	A
Emmonak Subregional Clinic PO Box 125, EMMONAK, AK (907) 949-3500 (907) 949-1511	99581	10	A
Euksavik Clinic - Unalakleet Clinic PO Box 189, UNALAKLEET, AK (907) 624-3535 (907) 624-3692	99684	10	
Evansville Clinic PO Box 26107, EVANSVILLE, AK (907) 692-5035 (907) 692-5035	99726	10	
Fairbanks Memorial Hospital 1650 Cowles Street, FAIRBANKS, AK	99701	4	
False Pass Clinic PO Box 49, FALSE PASS, AK (907) 548-2241 (907) 548-2247	99583	10	
Family Medical Clinic 206 W Rockwell, SOLDOTNA, AK 907-262-7566 907-262-0809	99669	4	A
Frontier Community Service 43335 K-Beach Rd. Suite 36, SOLDOTNA, AK (907) 262-3144 (907) 262-6294	99669	4	
Galena Community Health Clinic PO Box 77, GALENA, AK (907) 656-1381 (907) 656-1525	99741	10	
Gambell Clinic PO Box 190, GAMBELL, AK (907) 985-5012 (907) 985-5085	99742	10	A
Gateway Center for Human Services 3050 5th Ave., KETCHIKAN, AK (907) 225-4135 (907) 247-4135	99901	7	
Georgetown University Center for Child and Human Development PO Box 571486, Washington, DC	20057-1485	1	Yes

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Golovin Clinic PO Box 62039, GOLOVIN, AK (907) 779-3311 (907) 779-2239	99762	7	A
Goodnews Bay Clinic General Delivery, GOODNEWS BAY, AK (907) 967-8128 (907) 967-8928	99589	10	A
Grayling Clinic General Delivery, GRAYLING, AK (907) 453-5119 (907) 453-5119	99590	10	A
Gulkana Clinic General Delivery, GULKANA, AK (907) 822-3646 (907) 822-5795	99586	10.3	A
Gustavus Community Clinic 42 Dolly Varden Lane, GUSTAVUS, AK (907) 697-2650 (90) 769-7308	99826	10	A
Haines Medical Clinic PO Box 1549, HAINES, AK (907) 766-2521 (907) 766-2675	99827-1549	10	A
Healy Clinic Usibelli Spur Road, HEALY, AK (907) 683-2211 (907) 683-2112	99743	10	A
Healy Lake Clinic PO Box 60300 Healy Lake 19, FAIRBANKS, AK (907) 876-5036 (907) 876-5013	99706	4	
Homer Medical Clinic 4136 Bartlett Street, HOMER, AK (907) 235-8586 (907) 235-6639	99603	7.4	
Hoonah Medical Clinic PO Box 103, HOONAH, AK (907) 945-3235 (907) 945-3239	99829	10	A
Hooper Bay Clinic PO Box 49, HOOPER BAY, AK (907) 758-4711 (907) 758-4065	99604	10	A
Hughes Clinic PO Box 45049, HUGHES, AK (907) 889-2211 (907) 889-2231	99745	10	A
Huslia Clinic PO Box 90, HUSLIA, AK (907) 829-2204 (907) 829-2203	99746	10	A
Hydaburg Clinic PO Box 333, HYDABURG, AK (907) 285-3462 (907) 285-3464	99922	10	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Igiugig Bay PO Box 4030, IGIUGIG, AK (907) 533-3207 (907) 533-3225	99613	10	A
Ilanka Health Center PO Box 2285, CORDOVA, AK (907) 424-3622	99574	10	A
Iliamna Clinic PO Box 265, ILIAMNA, AK (907) 571-1383 (907) 571-1560	99606	10	A
Iliuiuk Family & Health Services Inc. PO Box 144, UNALASKA, AK (907) 581-1202 (907) 581-2331	99685	7	Yes
Interior Community Health Center 1949 Gillam Way, FAIRBANKS, AK 907-455-4567 907-455-7675	99701	4	Yes
Ivanof Bay Clinic PO Box KIB, IVANOF BAY, AK (907) 669-2213 (907) 669-2214	99695	10	A
John Afcan Memorial Clinic - Saint Mary's Subregional Clinic PO Box 310, ST MARYS, AK (907) 438-2105 (907) 438-2049	99658	10	A
Juneau Health Clinic - SEARHC 3245 Hospital Dr., JUNEAU, AK (907) 463-4012 (907) 463-6670	99801	4	A
Kachemak Bay Medical Clinic 4285 Hohe St. #2, HOMER, AK (907) 235-7000	99603	7.4	A
Kake Health Center PO Box 605, KAKE, AK (907) 785-3333 (907) 785-3136	99830	7	A
Kaktovik Clinic PO Box 86, KAKTOVIK, AK (907) 640-6413 (907) 640-6916	99723	7	A
Kaltag Clinic PO Box 148, KALTAG, AK (907) 534-2209 (907) 534-2216	99748	10	A
Kanakanak Hospital PO Box 130, DILLINGHAM, AK (907) 842-9409 (907) 842-9354	99576	10	A
Karluk Clinic PO Box 22, KARLUK, AK (907) 241-2212 (907) 241-2208	99608	8	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Kasaan Clinic PO Box KXA, KETCHIKAN, AK (907) 542-2212	99950	10	A
Kasigluk Clinic PO Box 99, KASIGLUK, AK (907) 477-6211 (907) 477-6120	99609	7	A
Katherine Miksruaq Olanna HC - Shishmaref PO Box 133, SHISHMAREF, AK (907) 649-2127 (907) 649-2083	99772	10	A
Kenai Medical Center 805 Frontage Rd., Ste. 123, KENAI, AK (907) 283-4611	99611	4	A
Kenai Peninsula Community Care Center 320 S Spruce, KENAI, AK (907) 283-7635 (907) 283-9575	99611	4	A
Kenaitze Indian Tribe I.R.A. PO Box 988, KENAI, AK (907) 283-3633 (907) 283-3052	99611	4	Yes
Ketchikan Indian Corp. Health Clinic 2960 Tongass Avenue, KETCHIKAN, AK (907) 225-0320	99901	7	A
Ketchikan General Hospital 3100 Tongass Avenue, KETCHIKAN, AK (907) 228-8300	99901	7	
Kiana Health Clinic PO Box 130, KIANA, AK (907) 475-2199 (907) 442-7052	99749	7	A
King Cove Medical Clinic PO Box 206, KING COVE, AK (907) 497-2311 (907) 497-2310	99612	10	A
King Salmon Clinic PO Box 357, KING SALMON, AK (907) 246-3322 (907) 246-3691	99613	10	A
Kipnuk Clinic PO Box 183, KIPNUK, AK (907) 896-5334 (907) 896-5537	99614	10	A
Kivalina Clinic PO Box 8, KIVALINA, AK (907) 645-2141 (907) 442-7092	99750	7	A
Klukwan Clinic PO Box 690, HAINES, AK (907) 767-5592 (907) 767-5599	99827	10	A
Kobuk Clinic PO Box 3, KOBUK, AK (907) 948-2218 (907) 442-7012	99751	7	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Kodiak Area Native Association 3449 E Rezanof, KODIAK, AK 907-486-9800	99615	7	A
Kokhanok Clinic PO Box 1008, KOKHANOK, AK (907) 282-2203 (907) 282-2240	99606	10	A
Koliganek Clinic PO Box 5060, KOLIGANEK, AK (907) 596-3431 (907) 596-3491	99576	10	A
Kotlik Clinic PO Box 20035, KOTLIK, AK (907) 899-4511 (907) 899-4414	99620	10	A
Koyuk Clinic PO Box 70, KOYUK, AK (907) 963-3311 (907) 963-3610	99753	10	A
Koyukuk Clinic PO Box 30, KOYUKUK, AK (907) 927-2221 (907) 927-2221	99754	10	A
Kwigllingok Clinic PO Box 69, KWIGILLINGOK, AK (907) 588-8813 (907) 588-8526	99622	10	A
Larsen Bay Clinic PO Box 127, LARSEN BAY, AK (907) 847-2208 (907) 847-2264	99624	8	
Levelock Clinic PO Box 49, LEVELOCK, AK (907) 287-3011 (907) 287-3035	99625	10	
Lillian E. Jimmy Memorial Clinic - Kongiganak Clinic PO Box 5089, KONGIGANAK, AK (907) 557-5127 (907) 557-5620	99559	7	A
Lime Village Clinic General Delivery, LIME VILLAGE, AK (907) 526-5113 (907) 526-5116	99627	10	A
Lower Kalskag Clinic PO Box 97, LOWER KALSKAG, AK (907) 471-2294 (907) 471-2258	99626	10	A
Lynn Canal Counseling Center (MHC) PO Box 90, HAINES, AK (907) 766-2177 (907) 766-2977	99827	10	
Maniilaq Medical Health Center PO Box 43, KOTZEBUE, AK (907) 442-3321 (907) 442-7250	99752	7	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Manley Hot Springs Clinic PO Box 83, MANLEY HOT SPRINGS, AK (907) 672-3333 (907) 672-3333	99756	10	A
Manokotak Clinic PO Box 129, MANOKOTAK, AK (907) 289-1077 (907) 289-2015	99628	10	A
Matanuska Health Center 291 East Swanson, WASILLA, AK (907) 376-6422 (907) 376-0725	99654	7.1	A
Mat-Su Services for Children & Adults 5050 Dunbar St. Suite A, WASILLA, AK (907) 373-1400 (907) 376-9207	99654	7.1	
McGrath Health Center 100 Takotna Ave., MCGRATH, AK (907) 524-3299 (907) 524-3805	99627	10	A
Mekoryuk Clinic PO Box 7, MEKORYUK, AK (907) 827-8145 (907) 827-8351	99630	10	A
Mentasta Lake Clinic PO Box 600, MENTASTA LAKE, AK (907) 291-2320 (907) 291-2308	99780	10	A
Minto Clinic PO Box 77, MINTO, AK (907) 798-7412 (907) 798-7413	99758	10	A
Mountain Village Clinic PO Box 32207, MOUNTAIN VILLAGE, AK (907) 591-2620 (907) 591-2576	99632	10	A
Mt. Edgecumbe/SEARHC 222 Tongass Drive, SITKA, AK (907) 966-8465 (907) 966-8656	99835	7	A
Mt. Sanford Tribal Consortium PO Box 357, GAKONA, AK (907) 822-5399 (907) 822-5810	99586	10.3	A
Naknek Clinic PO Box 192, NAKNEK, AK (907) 246-4214 (907) 246-3761	99633	10	A
Nanwalek Clinic PO Box 8023, NANWALEK, AK (907) 281-2251 (907) 281-2244	99603	7.4	A
Napakiak Clinic PO Box 70, NAPAKIAK, AK (907) 589-2711 (907) 589-2614	99634	10	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Nelson Lagoon Clinic General Delivery, NELSON LAGOON, AK (907) 989-2202 (907) 989-2245	99571	10	A
Nenana Clinic PO Box 160, NENANA, AK (907) 832-5247 (907) 832-5585	99760	10	A
New Stuyahok Clinic PO Box 109, NEW STUYAHOK, AK (907) 693-3131 (907) 693-3293	99636	10	A
Newhalen Clinic PO Box 227, NEWHALEN, AK (907) 571-1231 (907) 571-1551	99606	10	A
Newtok Clinic General Delivery, NEWTOK, AK (907) 237-2111 (907) 237-2715	99559	7	A
Nightmute Clinic PO Box 90011, NIGHTMUTE, AK (907) 647-6312 (907) 647-6945	99690	7	A
Nikolai Clinic PO Box 9164, NIKOLAI, AK (907) 293-2328 (907) 293-2330	99691	10	A
Nikolski Clinic General Delivery, NIKOLSKI, AK (907) 576-2204 (907) 576-2228	99638	7	A
Ninilchik Clinic PO Box 39368, NINILCHIK, AK (907) 567-3970 (907) 567-3902	99639	5	A
Noatak Clinic PO Box 90, NOATAK, AK (907) 485-2162 (907) 442-7042	99761	7	A
Nondalton Clinic PO Box 69, NONDALTON, AK (907) 294-2238 (907) 294-2240	99640	10	A
Noorvik Clinic PO Box 189, NOORVIK, AK (907) 636-2103 (907) 442-7002	99763	7	A
North Slope Borough Counseling Services PO Box 69, BARROW, AK (907) 852-0366 (907) 852-0389	99723	7	
North Star Health Clinic 3rd & Madison, SEWARD, AK (907) 224-3490	99664	7.4	

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Northway Clinic PO Box 517, NORTHWAY, AK (907) 778-2283 (907) 778-2237	99764	10	A
Norton Sound Regional Hospital PO Box 966, NOME, AK (907) 443-3311 (907) 443-3139	99762	7	A
Nuiqsut Clinic PO Box 247, NUIQSUT, AK (907) 480-6720 (907) 480-6728	99789	10	A
Nulato Clinic PO Box 65010, NULATO, AK (907) 898-2209 (907) 898-2304	99765	10	A
Nunam Iqua Clinic General Delivery, SHELDON POINT, AK (907) 498-4228 (907) 498-4844	99666	10	A
Nunapitchuk Clinic PO Box 50, NUNAPITCHUK, AK (907) 527-5329 (907) 527-5872	99641	7	A
Old Harbor Clinic PO Box 72, OLD HARBOR, AK (907) 286-2205 (907) 286-2255	99643	8	
Oonalaska Wellness Center (MHC) PO Box 1130, UNALASKA, AK (907) 581-2742 (907) 581-2040	99685	7	A
Oscarville Clinic PO Box 6149, OSCARVILLE, AK (907) 737-7231 (907) 737-7075	99559	7	A
Ouzinkie Clinic PO Box 149, OUZINKIE, AK (907) 680-2265 (907) 680-2292	99550	8	A
Pedro Bay Clinic PO Box 47025, PEDRO BAY, AK (907) 850-2229 (907) 850-3000	99647	10	A
Pelican Health Center Box 101, PELICAN, AK (907) 735-2250 (907) 735-2550	99832	10	A
Perryville Clinic PO Box 78, PERRYVILLE, AK (907) 853-2202 (907) 853-2260	99648	10	A
Petersburg Medical Center PO Box 589, PETERSBURG, AK (907) 772-4291 (907) 772-3085	99833	7	Yes

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Pilot Point Clinic PO Box 416, PILOT POINT, AK (907) 797-2212 (907) 797-2227	99649	10	A
Pilot Station Clinic PO Box 5089, PILOT STATION, AK (907) 549-3127 (907) 549-3738	99650	10	A
Pitka's Point Clinic PO Box 229, PITKAS POINT, AK (907) 438-2546 (907) 438-2317	99658	10	A
Platinum Clinic General Delivery, PLATINUM, AK (907) 979-8314	99651	10	A
Point Hope Clinic PO Box 49, POINT HOPE, AK (907) 368-2234 (907) 368-2569	99766	10	A
Point Lay Clinic PO Box 7, POINT LAY, AK (907) 833-2526 (907) 833-2916	99782	10	A
Port Graham Clinic PO Box 5530, PORT GRAHAM, AK (907) 284-2241 (907) 284-2277	99603	7.4	A
Port Heiden Clinic General Delivery, PORT HEIDEN, AK (907) 837-2208 (907) 837-2277	99549	10	A
Port Lions Clinic PO Box 12, PORT LIONS, AK (907) 454-2275 (907) 454-2526	99550	8	A
Providence Alaska Medical Center 3200 Providence Drive, ANCHORAGE, AK (907) 562-2211	99519	1	
Providence Kodiak Island Medical Center 717 E Rezanof Drive, KODIAK, AK (907) 486-3281 (907) 486-2336	99615	7	Yes
Providence Seward Medical Center 417 1st. Ave., SEWARD, AK (907) 224-5205 (907) 224-7248	99664	7.4	Yes
Providence Valdez Medical Center PO Box 550, VALDEZ, AK (907) 835-2249	99686	7	Yes
Quinhagak Clinic PO Box 150, QUINHAGAK, AK (907) 556-8340	99655	10	A
Railbelt Mental Health & Addictions PO BOX 159, NENANA, AK (907) 832-5557 (907) 832-5564	99760	10	

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Rampart Clinic PO Box 67049, RAMPART, AK (907) 358-3129 (907) 358-3139	99767	10	A
Ruby Clinic PO Box 74, RUBY, AK (907) 468-4433 (907) 468-4411	99768	10	A
Russian Mission Clinic PO Box 58, RUSSIAN MISSION, AK (907) 584-5611 (907) 584-5830	99657	10	A
Saint Michael Clinic PO Box 94, ST MICHAEL, AK (907) 923-3311 (907) 923-2287	99659	10	A
Samuel Simmonds Memorial Hospital PO Box 29, BARROW, AK (907) 852-4611 (907) 852-2163	99723	7	Yes
Sand Point Medical Clinic PO Box 172, SAND POINT, AK (907) 383-3151 (907) 383-5688	99661	10	
Sarah S. Nicholai Memorial Clinic - Kwethluk Clinic PO Box 69, KWETHLUK, AK (907) 757-6627 (907) 757-6626	99621	10	A
Savoonga Clinic PO Box 151, SAVOONGA, AK (907) 984-6513 (907) 984-6068	99769	10	A
Scammon Bay Clinic PO Box 150, SCAMMON BAY, AK (907) 558-5511 (907) 558-5822	99662	10	A
Seaview Community Services PO Box 1045, SEWARD, AK (907) 224-2960 (907) 224-7081	99664	7.4	A
Selawik Clinic PO Box 180, SELAWIK, AK (907) 484-2199 (907) 442-7082	99770	7	A
Seldovia Village Tribe Health Center 4141 Pennock Street, Homer, AK (907) 226-2228 (907) 226-2230	99603	7.4	A
Shageluk Clinic PO Box 154, SHAGELUK, AK (907) 473-8231 (907) 473-8213	99665	10	A
Shaktoolik Clinic PO Box 9, SHAKTOOLIK, AK (907) 955-3311 (907) 955-2342	99771	10	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Shungnak Clinic PO Box 80, SHUNGNAK, AK (907) 437-2138 (907) 442-7032	99773	7	A
Sitka Community Hospital CAH 209 Moller Ave., SITKA, AK (907) 747-1738 (907) 747-1792	99835	7	Yes
Skagway Medical Clinic - Done PO Box 537, SKAGWAY, AK (907) 983-2255 (907) 983-2793	99840	10	
Sleetmute Clinic PO Box 43, SLEETMUTE, AK (907) 449-4222 (907) 449-4219	99668	10	A
Southeast Alaska Regoinal Health Consortium 3245 Hospital Drive, JUNEAU, AK (907) 463-4000	99801	4	Yes
South Naknek Clinic PO Box 70049, SOUTH NAKNEK, AK (907) 246-6546 (907) 246-3693	99670	10	A
South Peninsula Hospital 4300 Bartlett Street, HOMER, AK (907) 235-8101 (907) 235-0253	99603	7.4	Yes
St. George Health Clinic 1 Zapadni St., ST GEORGE ISLAND, AK (907) 859-2254 (907) 859-2252	99591-0934	7	A
St. Paul Health Clinic PO Box 148, ST PAUL ISLAND, AK (907) 546-2310 (907) 546-2268	99660	7	A
Stebbins Clinic PO Box 50, STEBBINS, AK (907) 934-3311 (907) 934-3312	99671	10	A
Stevens Village Clinic PO Box 74030, STEVENS VILLAGE, AK (907) 478-7215 (907) 478-7216	99774	10	A
Stony River Clinic PO Box SRV, STONY RIVER, AK (907) 537-3228 (907) 537-3227	99557	10	A
Sunshine Community Health Center PO Box 787, TALKEETNA, AK (907) 733-2273 (907) 733-1735	99676	10.4	Yes
Takotna Clinic PO Box 111, TAKOTNA, AK (907) 298-2214 (907) 298-2014	99675	10	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Tanacross Clinic PO Box 76050, TANACROSS, AK (907) 883-4131 (907) 883-3372	99776	10	A
Tanana Chiefs Conference Mental Health & Alcohol Program 122 First Ave Suite 600, FAIRBANKS, AK (907) 452-8251 (907) 459-3950	99701	4	A
Tanana Health Center PO Box 150, TANANA, AK (907) 366-7222 (907) 366-7249	99777	10	
Tatitlek Clinic PO Box 172, TATITLEK, AK (907) 325-2235 (907) 325-2350	99677	7	A
Teller Clinic PO Box 545, TELLER, AK (907) 642-3311 (907) 642-2046	99778	10	A
Tenakee Springs Health Clinic PO Box 52, TENAKEE SPRINGS, AK	99841	10	
Tetlin Clinic PO Box TTL, TETLIN, AK (907) 324-2151 (907) 324-2131	99779	10	A
Theresa Demientieff Health Clinic - Holy Cross Clinic PO Box 95, HOLY CROSS, AK (907) 476-7174 (907) 476-7193	99602	10	A
Theresa Elia Memorial Clinic - Marshall Clinic PO Box 10, MARSHALL, AK (907) 679-6226 (907) 679-6659	99585	10	A
Thorne Bay Health Center General Delivery, Thorne Bay, AK (907) 828-8848 (907) 828-3409	99919	10	A
Togiak Health Clinic PO Box 128, TOGIAK, AK (907) 493-5511 (907) 493-5311	99678-0128	10	A
Togiak Subregional Clinic PO Box 130, DILLINGHAM, AK	99576	10	A
Tok Clinic Milepost 124.2 Tok Cutoff, TOK, AK (907) 883-5855 (907) 883-5245	99780	10	A
Toksook Clinic PO Box 37028, TOKSOOK BAY, AK (907) 427-7810 (907) 427-7380	99637	10	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Tuluksak Clinic PO Box 194, TULUKSAK, AK (907) 695-6991 (907) 695-6627	99679	10	A
Tuntutuliak Clinic General Delivery, TUNTUTULIAK, AK (907) 256-6829 (907) 256-2129	99680	7	A
Tununak Clinic PO Box 102, TUNUNAK, AK (907) 652-6829 (907) 652-6512	99681	10	A
Twin Hills Clinic PO Box TWA, TWIN HILLS, AK (907) 525-4326 (907) 525-4325	99678	10	A
Tyonek Clinic PO Box 82068, TYONEK, AK (907) 583-2461 (907) 583-2155	99682	5	A
University of Alaska, Health Programs PO Box 755000, FAIRBANKS, AK (907) 450-8017 (907) 450-8002	99775	4	Yes
USCG Integrated Support Center/Rockmore-King Clinic Box 195002, KODIAK, AK (907) 487-5757 ext155 (907) 487-5360	99619-5002	7	A
Valdez Community Health Clinic 903 Meal Street, VALDEZ, AK (907) 835-4811 (907) 835-5162	99686	7	
Valdez Community Hospital 911 Meal Street, VALDEZ, AK (907) 835-2249 (907) 835-3735	99686	7	
Valdez Native Tribe Clinic PO Box 1108, VALDEZ, AK (907) 835-4951 907-835-5589	99686	7	A
Valley Hospital 3051 E. Palmer, WASILLA, AK (907) 352-4800 (907) 352-4801	99654	7.1	A
Venetie Clinic PO Box 70, VENETIE, AK (907) 849-8712 (907) 849-8915	99781	10	A
Wainwright Clinic PO Box 90, WAINWRIGHT, AK (907) 763-2714 (907) 763-2416	99782	10	A

Organization Name/Address/Phone/Fax	Zip Code	RUCA Code[4]	Letter of Support[5]
Wales Clinic PO Box 530, WALES, AK (907) 664-3311 (907) 664-2135	99783	10	A
White Mountain Clinic PO Box 29, WHITE MOUNTAIN, AK (907) 638-3311 (907) 638-2007	99784	10	A
Whittier Medical Clinic Box 727, WHITTIER, AK (907) 472-2303 (907) 472-2339	99693	7	
Wrangell Medical Center PO Box 1081, WRANGELL, AK (907) 874-7000 (907) 874-7122	99929	10	Yes
Yago Clark Memorial Clinic - Napaskiak Clinic PO Box 6044, NAPASKIAK, AK (907) 737-7329 (907) 737-7435	99559	7	A
Yakutat Community Health Center Box 112, YAKUTAT, AK (907) 784-3275 (907) 784-3263	99689	10	A
Yakutat Tlingit Tribe PO Box 418, YAKUTAT, AK (907) 784-3238 x226 (907) 784-3595	99689	10	Yes
Yukon Flats Care Center (MHC) PO Box 21, FORT YUKON, AK (907) 662-2526 (907) 662-2627	99740	10	
Yukon Flats Health Center - Fort Yukon Box 309, FORT YUKON, AK (907) 662-2460 (907) 662-2709	99740	10	
Yukon Kuskokwim Health Corporation PO Box 528, BETHEL, AK (800) 478-8905 (907) 543-6159	99559	7	Yes
Yukon-Kuskokwim Delta Regional Hospital PO Box 287, Suite 3000, BETHEL, AK (907) 543-6300 (907) 543-6366	99559	7	A
Yukon-Tanana Counseling Services 1302 21st Ave, FAIRBANKS, AK (907) 452-8251 (907) 459-3934	99701	4	

Appendix 3: Network Diagram

Alaska Current Health Network Status

Alaska Health Care Network (Proposed)
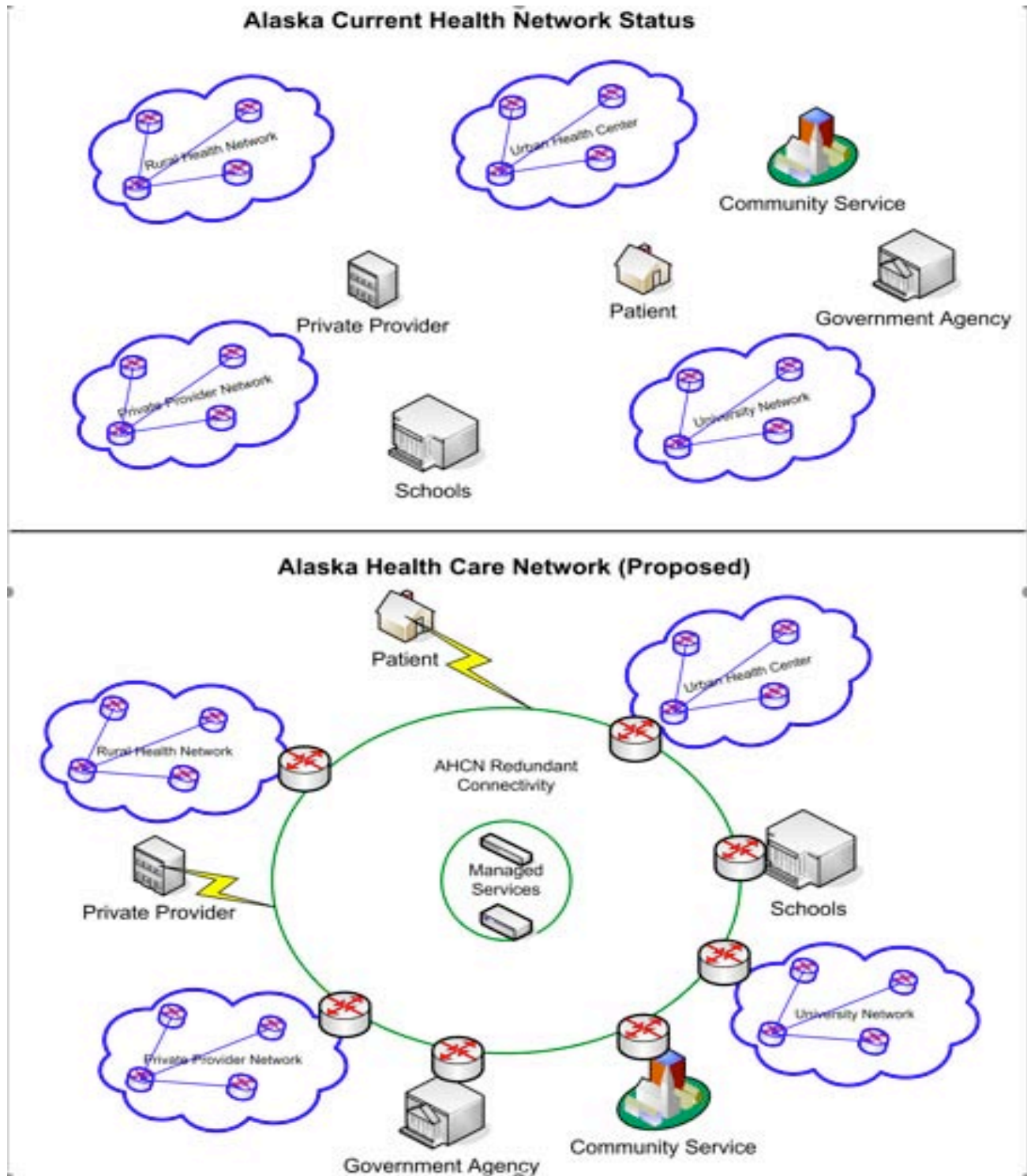
Appendix 4: Program Manager Resume

Rebecca Madison, MT (ASCP), CLDIR, MBA
P.O. Box 85320, Fairbanks, AK 99708
(907) 457-1581
rebeccam@akrivertracks.com

Experience Summary:

HEALTHCARE MANAGEMENT: Over twenty years experience in senior management including: strategic planning, mergers and acquisitions, health corporation management, liaison with federal and state agencies for project funding, reimbursement methodologies, electronic billing, major interagency telemedicine projects, clinical laboratory medicine, continuous quality improvement, planning and implementation of capital projects, grant management, personnel development for Alaska Native and other populations, organizational restructuring.

INFORMATION TECHNOLOGY: Experienced in information technology (IT) senior management, telecommunications operations including local area and wide area networks linking the home campus with remote locations, major capital equipment planning and purchasing, development and implementation of IT strategies for financial and administrative applications, oversight of vendor and consultant contracts, participated in the development of national standards for telemedicine, resourced computational intensive tasks, installed and championed groupware for distributed workgroups and collaborative learning, assessed impact of information technology for professional mission.

Employment:

12/05 to Present	**Alaska ChartLink Director,** *Alaska Native Tribal Health Consortium,* Anchorage, AK – Responsible for coordination, development and implementation of a business strategy for the exchange of electronic health information across multiple stakeholders for Alaska. Pursued, received and managed a $350,000 contract from AHRQ to study privacy and security as related to interoperability of health information exchange.
08/04 to Present	**Adjunct Faculty,** *Fairbanks, College of Rural Alaska, Department of health Programs* – Instruct online distance education courses for a Healthcare Reimbursement Certificate program and other Allied Health programs including classes in Human Diseases, Anatomy and Physiology and Medical Terminology.
10/04 to 12/05	**Program Director** *University of Alaska, Office of Statewide Health Programs* – Responsible for strategic planning, project management and coordination of a statewide effort to implement the exchange of electronic health information, utilizing needs assessments and industry information to effectively recommend areas of focus and improvement. Facilitate teams of content experts in specialized health areas to formulate strategic action plans. Analyze progress and from that, if necessary, effectively recommend changes in project scope, project renewal or corrective action. Actively pursue funding opportunities and research on behalf of the Alaska Telehealth Advisory Council to federal grant agencies, foundations and private sector partners.
10/02 to 11/05	**General Consulting** including: Facilitate needs assessments and industry surveys to formulate strategic action plans for areas of development in health programs for the University of Alaska, higher education grant writing for federal funding of health programs, remote system management for Ilisagvik College, IT system enterprise review for Doyon, Ltd., and remote earth station installation and maintenance for National Science Foundation grant. Consulting for general design of electronic data management related to enterprise systems and health.
11/95 to 10/03	**CIO**, *Yukon-Kuskokwim Health Corporation*, Bethel, AK - Member of administrative team of one of the largest tribal health organizations in Alaska responsible for development and

implementation of strategic plans for information systems management, network security, and health records management. Responsible for technology and telecommunications operations including contract negotiations for capital lease/purchases, wide area network design and implementation utilizing satellite technologies. Designed and implemented career pathways training program for workforce development of locally hired staff for technology and health information services. Designed and implemented a satellite and wireless telecommunication infrastructure and wide area network for the Yukon-Kuskokwim Delta, an area without roads or telephone land-lines. Served as chair for a statewide telemedicine steering board, Alaska Federal Health Care Access Network, to produce a five-year $35 million project. The position required close coordination with the US Senators and Representative from Alaska to secure adequate funding and assure oversight. Served as president of a Yukon-Kuskokwim Delta consortium of schools, libraries and health organizations to collectively receive grants totaling over $1 million. Served as the main resource for adherence to the security requirements of the Health Insurance Portability and Accountability Act of 1996. Mentored technology students using most current distance education electronically facilitated pedagogy.

11/94 to 11/95	**CEO**, *Southern Tier Health Care System Inc.*, Olean, NY - Responsible for development and implementation of strategic plans for merging of four diverse healthcare organizations into a single entity including grant application, administration, partnerships, consultative services, and fiscal accountability. Incorporated the merged organization into a not-for-profit health network of four rural hospitals from three counties following federal EACH/RPCH guidelines and New York State rural health network guideline appropriating over $1 million in grant funds in preparation for managed care contracting. Managed a telecommunication project of $991,000 to provide telemedicine and distance learning connections between seven rural hospitals and an urban medical school. The project linked six LANs to an FDDI ring allowing access to hospitals, universities, libraries and the Internet. Chaired a multi-county task force to develop and implement a health needs assessment tool. The tool supported multiple data management criteria across diverse communities to validate progress and attract additional federal funding using "Healthy People 2000" standards.
1991 to 11/1994	**VP, Information Services**, *Olean General Hospital*, Olean, NY - Member of executive team of an acute care facility and rural clinic network, participant in strategic planning activities including: team management, strategic planning methods, CQI, business process reengineering, and benchmarking. Responsible for information systems, telecommunications, admitting, outpatient registration, and medical records. Participated in the planning, acquisition and merger of two acute care facilities (111 beds and 153 beds). Instrumental in cost savings of over $1 million per year through consolidation of services, reduction in FTEs, and contract negotiations. Leader of 25 member team responsible for a telecommunications project with Congressman Amory Houghton, Digital Equipment Corporation, Western New York Rural Health Cooperative, and the New York State Department of Health to provide improved data communications to rural health care facilities.
1986 to 1991	**MIS Director**, *Olean General Hospital*, Olean, NY - Responsible for all facets of hospital major enterprise level information technology applications, including Patient Financials, General Accounting, Accounts Payable, Inventory Control, Fixed Assets, Payroll, Patient Care, Order Entry, Patient/OR Scheduling, Lab Management, Human Resources and Medical Records. Established an information systems steering committee and standardized IT and telecommunications policies and procedures for a 153-bed acute care facility. Developed protocols for standard interfaces to provide consistent access to all hospital systems. Active participant of a nine hospital team that designed and implemented a quality management system (including staff credentialing, infection control, quality assurance, risk management).
1982 to 1986	**Medical Technologist, MT (ASCP),** *Olean General Hospital*, Olean, NY - Medical Technologist responsible for designing and implementing policy and procedure manuals, and for installation of Laboratory Management System.

<u>1980 to 1981</u>   **Computer Operations Manager**, *MDS Health Group, Inc.*, Olean, NY – Managed technology for private laboratory with five locations.

<u>1977 to 1980</u>   **Regional Manager/Service Engineer**, *Vickers America Medical Corp*, Whitehouse Station, NJ - Installed laboratory computer equipment in teaching hospitals and other facilities in all 50 states.

<u>1974 to 1977</u>   **Medical Technologist, MT(ASCP)**, *St. Francis Hospital Medical Center*, Peoria, IL – Technician in cytopathology, microbiology, and chemistry.

Education:

<u>1992</u>   *Master of Business Administration, Finance/Accounting,* St. Bonaventure University, St. Bonaventure, NY

<u>1976</u>   *Bachelor of Science, Medical Technology,* Illinois State University, Normal, IL

<u>1974</u>   *Bachelor of Science, Biology/Minor-Chemistry,* Illinois State University, Normal, IL

Certifications:

<u>1982</u>   CLDIR, National Certification Agency for Medical Laboratory Directors

<u>1981</u>   CLS, National Certification Agency for Medical Laboratory Personnel

<u>1976</u>   MT (ASCP), Board of Registry of the American Society of Clinical Pathologists

Professional and Community Affiliations current and recent:

ACHE - American College of Healthcare Executives - member
AFHCAN – Alaska Federal Health Care Access Network - chairman
AHA (HIMSS) - Health care Information and Management Systems Society - member
ANHIC – Alaska Native Health Information Committee - chairman
AOPA – airplane pilots and owners association – member
ATA – American Telemedicine Association - member
CHIME – College of Healthcare Information Management Executives - member
DDC – Distance Delivery Consortium - president
Literacy Council of Alaska – volunteer tutor
League of Women Voters - member

Appendix 5: Revenue Stream

Health Information Exchange for Alaska

Three Key Components:

The Personal Health Record: Patient centric
- Personal health history (problems, allergies, medications)
- Release of information (privacy statement)

Electronic Health Records: Provider centric
- Visit history (surgeries, immunizations, test results)
- Insurance & billing information
- Appointment scheduling
- Messaging

Health Information Exchange: Decentralized model
- Network coordination
- Record locator service / Anonymous resolution
- Backup services for smaller offices and facilities
- Standards and interfaces for Alaska EHRs, legacy systems, and the PHR

	Startup	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Revenue							
Grants							
Private Insurers		2,714,250	3,489,750	4,265,250	5,040,750	5,816,250	6,591,750
Tribal only (No other coverage)		231,000	297,000	363,000	429,000	495,000	561,000
Medicaid		866,250	1,113,750	1,361,250	1,608,750	1,856,250	2,103,750
Military		577,500	742,500	907,500	1,072,500	1,237,500	1,402,500
Medicare		346,500	445,500	544,500	643,500	742,500	841,500
Self Pay (uninsured)		0	0	0	0	0	0
Facilities		262,500	337,500	412,500	487,500	562,500	637,500
Physicians		0	60,000	60,000	60,000	60,000	60,000
TOTAL REVENUE		$4,998,000	$6,486,000	$7,914,000	$9,342,000	$10,770,000	$12,198,000
Operational Expense							
Salaries (31 FTEs)		1,982,000	2,081,100	2,185,155	2,294,413	2,294,413	2,409,133
Benefits (31%)		614,420	645,141	677,398	711,268	711,268	746,831
Office/Marketing		250,000	325,000	375,000	425,000	500,000	500,000
Leased and Technical Services		1,080,000	1,080,000	2,080,000	2,080,000	2,080,000	2,080,000
Insurance/Legal		325,000	422,500	487,500	552,500	650,000	650,000
TOTAL OPERATIONAL EXPENSE		$4,251,420	$4,553,741	$5,805,053	$6,063,181	$6,235,681	$6,385,965
Operational Income (Revenue less Expense)		746,580	1,932,259	2,108,947	3,278,819	4,534,319	5,812,035
Equipment, Maintenance & Replacement							
Equipment, Installation, Training	14,378,000	2,119,800	2,989,800	2,989,800	2,989,800	2,989,800	2,989,800
Capital Replacement		0	0	0	2,085,300	32,550	2,085,300
TOTAL EQUIPMENT, MAINTENANCE & REPLACEMENT	$14,378,000	$2,119,800	$2,989,800	$2,989,800	$5,075,100	$3,022,350	$5,075,100
Cash Flow (Operational Income less Equipment)	-$14,378,000	-$15,751,220	-$16,808,761	-$17,689,614	-$19,485,895	-$17,973,925	-17,236,990

Appendix 6: List of Acronyms

1.	ANTHC	Alaska Native Tribal Health Consortium
2.	ADEC	Alaska Distance Education Consortium
3.	AFHCAN	Alaska Federal Health Care Access Network
4.	AFHCP	Alaska Federal Healthcare Partnership
5.	AHCN	Alaska HealthCare Network
6.	AHRQ	Agency for Healthcare Research and Quality
7.	APCA	Alaska Primary Care Association
8.	APHTN	Alaska Public Health Training Network
9.	API	Alaska Psychiatric Institute
10.	ARTN	Alaska Rural Telehealth Network
11.	ASHNA	Alaska State Hospital and Nursing Home Association
12.	ATAC	Alaska Telehealth Advisory Council
13.	ATHS	Alaska Tribal Health Systems
14.	DHSS	State of Alaska, Department of Health and Social Services
15.	EHR	Electronic Health Record
16.	HIE	Health Information Exchange
17.	HIT	Health Information Technology
18.	I2	Internet2
19.	OMB	Office of Management and Budget
20.	PHR	Personal Health Record
21.	PNWGP	Pacific Northwest Gigapop
22.	RAVEN	Rural Alaska Video E-Health Network
23.	RFP	Request for Proposal
24.	RHIO	Regional Health Information Organization
25.	UA	University of Alaska
26.	UCAID	University Corporation for Advanced Internet Development
27.	VoIP	Voice over IP
28.	WAN	Wide Area Network

Appendix 7: Letters of Support

alaska
brain injury
network

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

The Alaska Brain Injury Network would like to participate in the Rural Health Care Pilot
Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration
will greatly benefit Alaskans by providing a statewide health care network connecting rural
health care providers and existing urban health care networks in order to facilitate electronic
health information exchange, expand telehealth capacity and enhance emergency response
capabilities.

Alaska Brain Injury Network, Inc. feels a deep commitment to improving the health and welfare
of the citizens of Alaska while creating efficiencies in the health care system by working
cooperatively with others throughout the state. This organization will work with ANTHC to
identify challenges and barriers and to seek out best practices and solutions for state health care
network infrastructure while enabling effective exchange of health care information. Wherever
possible and fitting, Alaska Brain Injury Network, Inc. will identify individuals to participate in
statewide workgroups to assist in this effort.

Alaska Brain Injury Network, Inc. supports this plan. We have a track record of working
together with other health care leaders in Alaska to improve health services for our beneficiaries.
We see this as a next logical step toward improving health care delivery and outcomes
throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization
which is independent, widely representative of the major stakeholders and consumers, and
operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, The Alaska Brain Injury Network, Inc.
supports the role of the Alaska Native Tribal Organization to continue to serve as the
organization which provides the management and infrastructure support for this project as it
moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Jill Hodges
Executive Director
Alaska Brain Injury Network, Inc

◄ADEC►

Alaska Distance Education Consortium

January 6, 2006

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Core Members:

Alaska Council of School Administrators

Alaska Department
of Education & Early Development

Alaska Military

Alaska Native Tribal Health Consortium

Alaska Pacific University

Alaska Society for Technology in Education

Alaska Vocational Technical Center

AT&T

Denali Commission

Fairbanks North Star Borough School District

GCI

Ilisagvik College

Sheldon Jackson College

University of Alaska

Valdez School District

Staff:

Rich Greenfield
Director

Marg Halloran
Program Specialist

Dear Chairman Martin and FCC Commissioners,

The Alaska Distance Education Consortium (ADEC) supports the Alaska Health Network Collaboration proposal because it would greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks.

Historically ADEC has participated in statewide projects of similar scope and complexity. Over this past year, ADEC supported the work of its members focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

ADEC feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. We will work with ANTHC to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, ADEC will identify individuals to participate in statewide workgroups to assist in this effort.

In 2005, ADEC joined with the University of Alaska (UA) and Alaska ISPs to deploy the Ak20 Network, which gives Internet2 access to eligible institutions. These are defined in the UA-ADEC Internet2 SEGP agreement as all Alaskan educational and research institutions including "... pre-K-20 schools, libraries, museums, supplemental education service providers, tribal organizations, government agencies, **hospitals, health facilities** and specialized education institutions such as the Alaska Challenger Center, the Alaska Sealife Center and the Alaska Native Heritage Center."

ADEC has a broad membership base with representatives from higher education, K-12 education, vocational education, military affairs, health education and the private sector. Participation in the Ak20 Network is through ADEC membership. Currently, the Ak20 Network has PoPs in Anchorage and Fairbanks, with another due to open soon in Juneau.

2702 Gambell Street • Suite 103 • Anchorage AK 99503 • phone 264.6258/6223 • fax 264.6207 • akdec.org

Alaska EHR Alliance

Affordable, Interoperable, Electronic Health Records

Federal Communications Commission   April 24, 2007

Dear Chairman Martin and FCC Commissioners:

4120 Laurel Street, Suite 206
Anchorage, AK 99508

Tel 907 561 7705
Fax 907 561 7704

Executive Director
Linda Boochever

Board of Directors

Jerome List, MD
President

Thomas Nighswander, MD
Vice President

Richard Neubauer, MD
Secretary-Treasurer

Richard Anschuetz, MD
Chuck Borg
Larry Carr
Michael Haugen
Lynn Hornbein, MD
Jim Jordan
Lori O'Banion
Ben Tisdale
Stephanie Zidek-Chandler

www.aehra.org

The Alaska EHR Alliance supports the Alaska Health Network Collaboration proposal for the rural Health Care Pilot Program opportunity through the FCC.

I am the president of the Board of Directors for the Alaska EHR Alliance, a non-profit organization that has developed a plan for assisting healthcare providers throughout Alaska to adopt electronic health records. Our board of directors includes a broad representation of physicians, medical associations, insurers, and community members. We have banded together to improve the quality of healthcare in Alaska by increasing efficiency, lowering costs, and improving medical outcomes through interoperable electronic health records. There is a great need in Alaska to build a statewide health network to facilitate health information exchange among the many different providers and our organization represents the needs of the private providers to participate on the network.

Over this past year, the Alaska EHR Alliance has taken part in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. As an organization that represents private physicians and mid-level providers, we have a deep commitment to improving the health and welfare of the citizens of Alaska by creating efficiencies in the health care system and working cooperatively with others throughout the state. Our organization will work with ANTHC to identify challenges and barriers and seek out best practices and solutions for the state health care network infrastructure while enabling effective exchange of health care information. Wherever possible, the Alaska EHR Alliance will identify individuals to participate in statewide workgroups to assist in this effort.

This project would help build a much-needed health exchange network to connect rural health care networks with urban health care networks and thereby provide a statewide health care network for health information exchange, personal health records, and expanded telehealth capacity.

The Alaska EHR Alliance supports this proposal as the next logical step toward improving the health services for all Alaskans.

Sincerely,

Jerome List, MD
President, Board of Directors
Alaska EHR Alliance

Alaska Federal
Health Care Partnership
Advancing Healthcare

Federal Communications Commissioner
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

The Alaska Federal Health Care Partnership supports the Rural Health Care Pilot Program opportunity offered through the FCC. The Alaska Health Network Collaboration would greatly benefit all Alaskans by providing a statewide health care network connecting rural health care providers with existing urban health care networks would facilitate electronic health information exchange and expand tele-health capability.

Over this past year, the Alaska Federal Health Care Partnership has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. This project, the Alaska Health Care Pilot Program, would connect rural health care networks with urban health care networks statewide..

The Alaska Federal Health Care Partnership supports the Alaska EHR initiative. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients. We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska. Our organization will work with ANTHC to identify challenges and barriers and seek the best practice solution.

Currently the Alaska Federal Health Care Partnership (AFHCP) is deploying a home tele-health monitoring pilot project at six locations across the state to improve the quality of health care, increase access to health care, while reducing the cost. Our home tele-health monitoring project and the Alaska EHR initiative both seem to be initiatives that will empower the patient while simultaneously increasing access to quality health care while reducing the cost of health care. Our home tele-health monitoring initiative will connect patients directly from their home to their health care provider and potentially to the proposed EHR network.

The Alaska Federal Health Care Partnership has a track record of working together with other health care leaders to improve access to high quality health care while reducing over all cost. This initiative is a logical step toward improving health care throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, AFHCP supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the

management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this proposal submission.

Sincerely,

Samuel C. Johnson III
Director, Alaska Federal Health Care Partnership

P.O. BOX 1231 • WRANGELL, ALASKA • 99929
PHONE: (907) 874-2373 • FAX: (907) 874-2576

March 29, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Alaska Island Community Services a member of the Alaska Primary Care Association (APCA), would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration, will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically, the Alaska Primary Care Association, and its members have participated in statewide projects. Over this past year, the APCA, on behalf of its membership, has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

Alaska Island Community Services feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC and the other project partners to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, Alaska Island Community Services will identify individuals to participate in statewide workgroups to assist in this effort and the APCA will continue to represent its members for the network.

Currently Alaska Island Community Services is not a part of a Wide-Area-Network and simply has a local connection to the internet. This connection terminates at the local internet and then is carried with other local internet traffic via satellite. This is extremely slow and inefficient. This project will give our organization the opportunity to utilize our electronic health record more effectively, increasing electronic data exchange, and expanding our telehealth capacity. In our rural community this can dramatically increase access for our patients.

−2−   August 22, 2006

Alaska Island Community Services supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Alaska Island Community Services supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Mark Walker, Executive Director
Alaska Island Community Services

Alaska Primary Care Association

"...uncompromising in the pursuit of access to primary care for all Alaskans."

March 29, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners:

I am writing in support of the Alaska Health Network Collaboration- an Alaskan approach to the Rural Health Care Pilot Program opportunity through the FCC. This Collaboration will greatly benefit Alaskans by providing a <u>statewide</u> health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities. The Alaska Primary Care Association (APCA) will participate.

Historically, the APCA and its members have participated in statewide projects. Over this past year, APCA has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

APCA has a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system. We operationalize this by working cooperatively with others throughout the state. APCA has and will continue to work with ANTHC and the other project partners to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, APCA will identify individuals to participate in statewide workgroups to assist in this effort.

APCA is federally funded to provide technical support to our organizational members: Alaska's community health centers and other safety-net providers across the state. This project will enable the APCA to provide educational content to members via various methods over the Wide-Area-Network. The ability to videoconference or to create streaming web content will enable us to more effectively and less expensively provide assistance, education and training. The technology will allow us to be more proactive in the provision of needed services and will enable us to build relationships with rural staff without the need for expensive travel.

Again, APCA supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our members' patients. This is a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. Until the independent organization is established, APCA supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Thank you in advance for your positive consideration of this proposal.

Sincerely,

Marilyn Walsh Kasmar
Executive Director

Alaska Primary Care Association
903 W Northern Lights Blvd, Suite 200
Anchorage, AK 99503

ph. 907-929-2722
fx. 907-929-2734
www.alaskapca.org

STATE OF ALASKA

DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF BEHAVIORAL HEALTH
ALASKA PSYCHIATRIC INSTITUTE
Alaska Recovery Center

SARAH PALIN, GOVERNOR

2800 Providence Drive
Anchorage, AK 99508-4677
Telephone: (907) 269-7150
Facsimile: (907) 269-7251
TDY: (907) 269-7100
Toll Free: 1-888-825-5274

Ronald M. Adler, CEO

R. Duane Hopson, MD, Medical Director

April 19, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

The Alaska Psychiatric Institute would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration will greatly benefit Alaskans by providing a <u>statewide</u> health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically the Alaska Psychiatric Institute has participated in statewide projects. Over this past year, Alaska Psychiatric Institute has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

Alaska Psychiatric Institute feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, the Alaska Psychiatric Institute will identify individuals to participate in statewide workgroups to assist in this effort.

Alaska Psychiatric Institute (API) is Alaska's sole state psychiatric hospital operated under the aegis of the Alaska Department of Health & Social Services. Established in 1962, the state hospital provides the most comprehensive array of psychiatric inpatient services in the Alaska which includes adult, adolescent and forensic units. The hospital has assumed a leadership role in the state and region in the application of telemedicine to frontier outpatient clinics in Alaska and the acute care needs of rural hospitals. Of particular interest is the simultaneous transmission of patient clinical information immediately after a 'telepsych' consultation. In rural Alaska, almost all psychopharmacology is provided by primary care and interoperability of electronic records (across delivery systems) will greatly enhance patient care.

Alaska Psychiatric Institute supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Alaska Psychiatric Institute supports the role of the Alaska Native Tribal Health Consortium to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Ron Adler, CEO
Alaska Psychiatric Institute

Alaska WWAMI Program
Regional Medical School /University of Washington
310 K Street, Ste. 200, Anchorage, AK 99501
907-264-6784 fax 907-264-6602

4/20/2007

445 12th Street SW
Washington, DC Federal Communications Commission
20554

Dear Chairman Martin and FCC Commissioners,

The Alaska WWAMI program would like to enthusiastically support the Alaska Health
Network Collaboration's effort to obtain the Rural Health Care Pilot Program opportunity
through the FCC.

If the Network is successful with its application, this will significantly benefit Alaskans by
providing a statewide health care network connecting rural health care providers and existing
urban health care networks in order to facilitate electronic health information exchange,
expand Telehealth capacity and enhance emergency response capabilities.

Increased network capacity and interconnectivity will have a direct and positive impact on
the teaching of medical students and residents working in rural and remote areas of Alaska.
To meet our growing physician shortage the Alaska State Legislature recently doubled our
entering class size. This will also require additional teaching sites in rural areas. This will not
be possible without increased urban rural network communication capacity. Our long term
hope is that this will result in attracting physicians to clinical practice in rural Alaska.

The Alaska WWAMI program is a participant in many statewide projects. Over this past
year, we have been involved in work groups focused on the establishment of electronic
health records in medical offices and an electronic health record exchange network to
connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical
entities integral to providing optimal health care to our residents.

We have a long term commitment to improving the health and welfare of the citizens of our
State. This can only happen by creating efficiencies in the health care system and working
cooperatively with others throughout the state. We see this proposal as a next logical step.

Until an independent organization is established, we support the role of the Alaska Native
Tribal Health Consortium to continue to serve as the organization which provides the

management and infrastructure support for this project as it moves forward over the next year.

We would encourage a favorable response to this proposal.

Sincerely,

Thomas S. Nighswander MD MPH
Assistant Regional Dean, Alaska WWAMI Program
University of Washington School of Medicine
Anchorage, Alaska

Aleutian/Pribilof Islands Association, Inc.

201 E. 3rd Avenue
Anchorage, Alaska 99501
Phone (907) 276-2700
Fax (907) 279-4351

April 11th, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Aleutian Pribilof Islands Associaiton, Inc., a member of the Alaska Primary Care Association (APCA), would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration, will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically, the Alaska Primary Care Association, and its members have participated in statewide projects. Over this past year, the APCA, on behalf of its membership, has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

Aleutian Pribilof Islands Associaiton, Inc. feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC and the other project partners to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, Aleutian Pribilof Islands Association will identify individuals to participate in statewide workgroups to assist in this effort and the APCA will continue to represent its members for the network.

The Aleutian Pribilof Islands Association will benefit greatly from this by having the ability to electronically exchange healthcare information by connecting the existing urban health care networks with the rural health care providers to enable us to be more efficient and to provide for more services and better quality healthcare to our patients.

The Aleutian Pribilof Islands Association, Inc. supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Aleutian Pribilof Islands Association, Inc. supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Sincerely,

Dimitri Philemonof, President/CEO

BETHEL FAMILY CLINIC
PO BOX 1908   631 4TH & MAIN ST.
BETHEL, ALASKA 99559
Tel: (907) 543-3773 Fax: (907) 543-3545

ANTHC
Theresa Cooper
VIA: email tlcooper@anthc.org

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Bethel Family Clinic, a member of the Alaska Primary Care Association (APCA), would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration, will greatly benefit Alaskans by providing a <u>statewide</u> health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically, the Alaska Primary Care Association, and its members have participated in statewide projects. Over this past year, the APCA, on behalf of its membership, has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

Bethel Family Clinic feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC and the other project partners to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, Bethel Family Clinic will identify individuals to participate in statewide workgroups to assist in this effort and the APCA will continue to represent its members for the network.

Bethel Family Clinic recently worked with HRSA on a Pilot Project regarding proposed changes to the UDS 2008 reporting. Without easy access via a network, we had to utilize what electronic data sources we had here in our office, contact our billing service for information, utilize our laboratory service for yet other information, and in a last effort refer to the patients files. All of this took a considerable amount of time and effort on each staff involved in this process.

Currently Bethel Family Clinic is not a part of a Wide-Area-Network and simply has a local connection to the internet. This connection terminates at the local internet and then is carried with other local internet traffic via satellite. This is extremely slow and inefficient. This project will give our organization the opportunity to use our USAC subsidy in the most efficient way, providing us with faster, cleaner urban internet, a dedicated unshared circuit to the network core, the ability to do health information exchange securely, Anchorage dial tone, telehealth, healthcare education and videoconferencing. In 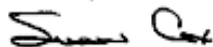short, this effort will enable us to be more efficient, provider more services and better quality of care to our patients.

Bethel Family Clinic supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients we see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization, which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Bethel Family Clinic supports the role of the Alaska Native Tribal Organization to continue to serve as the organization, which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

LaTesia Guinn, Executive Director
Bethel Family Clinic

CAMAI COMMUNITY HEALTH CENTER

March 28, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

RE: Rural Health Care Pilot Program
    Alaska Health Network Collaboration

Dear Chairman Martin and FCC Commissioners,

Camai Community Health Center, a member of the Alaska Primary Care Association (APCA) and a federally funded rural health clinic, would like to participate in the Rural Health Care Pilot program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration, will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically, the Alaska Primary Care Association, and its members have participated in statewide projects. Over this past year, the APCA, on behalf of its membership, has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska and other medical entities integral to providing optimal health care to our residents.

Camai Community Health Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC and the other project partners to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, Camai

P.O .BOX 211 • NAKNEK, ALASKA 99633 • Telephone (907) 246-6155 • Fax (907) 246-6158

Community Health Center will identify individuals to participate in statewide workgroups to assist in this effort, and the APCA will continue to represent its members for the network.

Camai Community Health Center is eager to reach out and connect with other health care providers throughout our state. As with many medical services within the vast expanse of Alaska, we are in an isolated, remote area. We provide the only MD services for an area of some 750 air miles from Dutch Harbor to Anchorage. As a small rural clinic that provides family practice services as well as ER/trauma care we need to be able to communicate with hospitals in Anchorage almost daily. Often we have a critical care patient, and we need to consult with hospital staff. Time is always of the essence. A statewide healthcare network connection could make the difference between saving someone or not in this remote location. In addition, a statewide network would give us access to services for patients that must travel to Anchorage for specialized care. That is often a heavy financial burden as a round trip ticket from King Salmon to Anchorage is now $510.00. We have a teleconferencing system connected to Alaska Psychiatric Institute for consultation and treatment of mental health issues. A statewide system would allow us to expand that service to a larger segment of our population as well as introducing more teleconferencing medicine which seems to be the best solution to providing increased quality care in remote regions.

Currently, Camai Community Health Center is not part of a Wide-Area-Network and simply has a local connection to the internet. This connection terminates at the local internet and then is carried with other local internet traffic via satellite. This is extremely slow and inefficient. This project will give our organization the opportunity to use our USAC subsidy in the most efficient way, providing us with faster, cleaner urban internet, a dedicated unshared circuit to the network core, the ability to do health information exchange securely, Anchorage dial tone, telehealth, health career education and videoconferencing.

Camai Community Health Center supports this plan. We have a track report of working together with other health care leaders in Alaska to improve health services for our patients. We see this as the next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Camai Community Health Center supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Susan Cox
Executive Director
Camai Community Health Center
Naknek, Alaska

CENTRAL PENINSULA
HEALTH CENTERS

395 Main Street Loop
Kenai, Alaska 99611
(907)335-2022

March 30, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Central Peninsula Health Centers, Inc (CPHC), a member of the Alaska Primary Care
Association (APCA), would like to participate in the Rural Health Care Pilot Program
opportunity through the FCC. This proposal, the Alaska Health Network Collaboration,
will greatly benefit Alaskans by providing a statewide health care network connecting
rural health care providers and existing urban health care networks in order to facilitate
electronic health information exchange, expand telehealth capacity and enhance
emergency response capabilities.

Historically, the Alaska Primary Care Association, and its members have participated in
statewide projects. Over this past year, the APCA, on behalf of its membership, has
participated in work groups focused on the establishment of electronic health records in
medical offices and an electronic health record exchange network to connect clinics,
hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities
integral to providing optimal health care to our residents.

Central Peninsula Health Centers feels a deep commitment to improving the health and
welfare of the citizens of Alaska while creating efficiencies in the health care system by
working cooperatively with others throughout the state. This organization will work with
ANTHC and the other project partners to identify challenges and barriers and to seek out
best practices and solutions for state health care network infrastructure while enabling
effective exchange of health care information. Wherever possible and fitting, CPHC will
identify individuals to participate in statewide workgroups to assist in this effort and the
APCA will continue to represent its members for the network.

Currently CPHC is not a part of a Wide-Area-Network and simply has a local connection
to the internet. This connection terminates at the local internet and then is carried with
other local internet traffic via satellite. This is extremely slow and inefficient. This
project will give our organization the opportunity to use our USAC subsidy in the most
efficient way, providing us with faster, cleaner urban internet, a dedicated unshared
circuit to the network core, the ability to do health information exchange securely,
Anchorage dial tone, telehealth, healthcare education and videoconferencing. In short,

this effort will enable us to be more efficient, provider more services and better quality of care to our patients.

Central Peninsula Health Centers supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, CPHC supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.
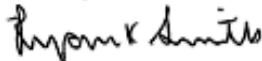
Please give a positive consideration to this response to your proposal.

Sincerely,

Debbie Standefer
Operations Director

March 23, 2007

Federal Communications Commission
445 12th Street S.W.
Washington, D.C. 20554

Dear Chairman Martin and FCC Commissioners,

Central Peninsula Hospital is writing to express its interest in the very valuable opportunity that the Federal Communications Commission (FCC) is offering to rural healthcare facilities through its Rural Health Care Pilot Program.

Further, we are writing to express our strong support for the proposal that the Alaska Health Network Collaborative is submitting to the FCC, under the auspices of the Alaska Native Tribal Health Consortium (ANTHC), in response to your announcement of this pilot program.

Central Peninsula Hospital is a member of a recently established network in Alaska, the Alaska Rural Telehealth Network (ARTN). The ARTN is a private telehealth network formed in order to bring telehealth services to the residents of our remote communities and educational opportunities to each facility's clinical and administrative staff, all with the ultimate goal of improving access to – and the quality of – healthcare for rural residents.

Our rural telehealth network connects together nine of Alaska's smallest rural hospitals and three of Alaska's largest, more isolated community health clinics. Funded by two private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient funds to start to make our vision of the electronic provision of rural, remote healthcare services a reality.

All of the 12 ARTN edge sites take advantage of the FCC's USAC program, which is one of the programs that make the creation of a private telehealth network linking such remote locales even potentially possible. We still have much to do, but with six of twelve sites already up, we are in the process of bringing all of the remaining sites on line, deploying to a new community about every three weeks.

We mention the ARTN because the advantages that the ARTN brings to our facility and our community and region speaks volumes for the exponential benefit to Alaskans generally that providing the capability of connecting all of our existing health networks together would bring.

This is why Central Peninsula Hospital is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many important benefits, the Pilot

central
peninsula
hospital

CPGH is a member of the Planetree Alliance.

250 Hospital Place, Soldotna, AK 99669 · **(907) 714-4404** · www.cpgh.org

Program would provide Alaska with the funding to put in place the infrastructure necessary to connect most if not all of our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state.

Such connectivity would allow us to facilitate exchanges of electronic health information, further expand vital telehealth capacity, bring teleconsultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

Historically, Central Peninsula Hospital has participated in numerous projects, all aimed at attempting – through collaboration and cooperation in a variety of arenas – to at least reduce the sense of isolation and lack of services and access that our geography gives rise to.

Over this past year, ARTN representatives, as well as representatives from the Alaska State Hospital and Nursing Home Association, have participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. These are key benefits enabled by the fully integrated telehealth network envisioned in our proposed pilot program.

Central Peninsula Hospital feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Both through our membership in the ARTN and our organization's commitment to the value of interconnectivity, we support the work of ANTHC to identify challenges and barriers to communication and healthcare access and to seek out best practices and solutions for the State's healthcare network infrastructure. Wherever possible and fitting, Central Peninsula Hospital will identify individuals to participate in statewide workgroups to assist in this effort.

Central Peninsula Hospital supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization, which is independent, widely representative of major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until that independent organization is established, Central Peninsula Hospital supports the role of ANTHC to continue to serve as the organization, which provides the management, and infrastructure support for this project as it moves forward over the next year.

Finally, although we are sure you have heard it many times before, we would like to reiterate here again: there can be no better state than Alaska, with its cultural diversity, significant rural population, and great distances between communities, in which to pilot a program to tease out what is necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

As you also know, Alaska is already the largest user of USAC services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our rural communities.

We believe our proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration to this response to your proposed pilot program.

Sincerely,

Ryan Smith
Chief Executive Officer
Central Peninsula Hospital

84/10/2007 15:31   9078262917   COHO   PAGE 82/83

Communities Organized for Health Options
P.O. Box 805
Craig, Alaska 99921
1-907-826-3662
e-mail: coho@aptalaska.net

10 April 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Communities Organized for Health Options (COHO) would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically COHO has participated in statewide projects. Over this past year, COHO has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

COHO feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, COHO will identify individuals to participate in statewide workgroups to assist in this effort.

COHO provides a wide range of behavioral health services to the population of Prince of Wales Island. Access is by boat or plane only. As a result, direct interface with others for professional consultations and training can be very expensive and time consuming. Additionally COHO participates in the State's behavioral health information management system: AKAims. Greater band width would greatly facilitate efficient use of AKAims, consequently freeing clinicians' time to be with clients.

Serving Greater Prince of Wales Island

COHO supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, COHO supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Doug Veit, LCSW
Co-Executive Director

CORDOVA COMMUNITY MEDICAL CENTER

P.O. Box 160 • 602 Chase Ave. • Cordova, Alaska 99574-0160
Phone: (907) 424-8000 • Fax: (907) 424-8116

April 3, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Cordova Community Medical Center is writing to express its interest in the very valuable opportunity that the Federal Communications Commission (FCC) is offering to rural healthcare facilities through its Rural Health Care Pilot Program.

Further, we are writing to express our strong support for the proposal that the Alaska Health Network Collaborative is submitting to the FCC, under the auspices of the Alaska Native Tribal Health Consortium (ANTHC), in response to your announcement of this pilot program.

Cordova Community Medical Center is a member of a recently established network in Alaska, the Alaska Rural Telehealth Network (ARTN). The ARTN is a private telehealth network formed in order to bring telehealth services to the residents of our remote communities and educational opportunities to each facility's clinical and administrative staff, all with the ultimate goal of improving access to – and the quality of – healthcare for rural residents.

Our rural telehealth network connects together nine of Alaska's smallest rural hospitals and three of Alaska's largest, more isolated community health clinics. Funded by two private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient funds to start to make our vision of the electronic provision of rural, remote healthcare services a reality.

All of the 12 ARTN edge sites take advantage of the FCC's USAC program, which is one of the programs that makes the creation of a private telehealth network linking such remote locales even potentially possible. We still have much to do, but with six of twelve sites already up, we are in the process of bringing all of the remaining sites on line, deploying to a new community about every three weeks.

We mention the ARTN because the advantages that the ARTN brings to our facility and our community and region speaks volumes for the exponential benefit to Alaskans generally that

providing the capability of connecting all of our existing health networks together would bring.

This is why Cordova Community Medical Center is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many important benefits, the Pilot Program would provide Alaska with the funding to put in place the infrastructure necessary to connect most if not all of our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state.

Such connectivity would allow us to facilitate exchanges of electronic health information, further expand vital telehealth capacity, bring teleconsultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

Historically, Cordova Community Medical Center has participated in numerous projects, all aimed at attempting – through collaboration and cooperation in a variety of arenas – to at least reduce the sense of isolation and lack of services and access that our geography gives rise to.

Over this past year, ARTN representatives, as well as representatives from the Alaska State Hospital and Nursing Home Association, have participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. These are key benefits enabled by the fully integrated telehealth network envisioned in our proposed pilot program.

Cordova Community Medical Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Both through our membership in the ARTN and our organization's commitment to the value of interconnectivity, we support the work of ANTHC to identify challenges and barriers to communication and healthcare access and to seek out best practices and solutions for the State's healthcare network infrastructure. Wherever possible and fitting, Cordova Community Medical Center will identify individuals to participate in statewide workgroups to assist in this effort.

Cordova Community Medical Center supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of major stakeholders and

consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until that independent organization is established, Cordova Community Medical Center supports the role of ANTHC to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Finally, although we are sure you have heard it many times before, we would like to reiterate here again: there can be no better state than Alaska, with its cultural diversity, significant rural population, and great distances between communities, in which to pilot a program to tease out what is necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

As you also know, Alaska is already the largest user of USAC services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our rural communities.

We believe our proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration to this response to your proposed pilot program. .

Sincerely,

David Bryant
Interim CEO
Cordova Community Medical Center

Cross Road
Medical Center

April 2, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Cross Road Medical Center is writing to express its interest in the very valuable
opportunity that the Federal Communications Commission (FCC) is offering to rural
healthcare facilities through its Rural Health Care Pilot Program.

Further, we are writing to express our strong support for the proposal that the Alaska
Health Network Collaborative is submitting to the FCC, under the auspices of the Alaska
Native Tribal Health Consortium (ANTHC), in response to your announcement of this
pilot program.

Cross Road Medical Center is a member of a recently established network in Alaska, the
Alaska Rural Telehealth Network (ARTN). The ARTN is a private telehealth network
formed in order to bring telehealth services to the residents of our remote communities
and educational opportunities to each facility's clinical and administrative staff, all with
the ultimate goal of improving access to quality healthcare for rural residents.

Our rural telehealth network connects together nine of Alaska's smallest rural hospitals
and three of Alaska's largest, more isolated community health clinics. Funded by two
private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali
Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient
funds to start to make our vision of the electronic provision of rural, remote healthcare
services a reality.

All of the 12 ARTN edge sites take advantage of the FCC's USAC program, which is one
of the programs that makes the creation of a private telehealth network linking such
remote locales even potentially possible. We still have much to do, but with six of twelve
sites already up, we are in the process of bringing all of the remaining sites on line,
deploying to a new community about every three weeks.

We mention the ARTN because the advantages that the ARTN brings to our facility and
our community and region speaks volumes for the exponential benefit to Alaskans

generally that providing the capability of connecting all of our existing health networks together would bring.

This is why Cross Road Medical Center is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many important benefits, the Pilot Program would provide Alaska with the funding to put in place the infrastructure necessary to connect most if not all of our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state.

Such connectivity would allow us to facilitate exchanges of electronic health information, further expand vital telehealth capacity, bring teleconsultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

Historically, Cross Road Medical Center has participated in numerous projects, all aimed at attempting – through collaboration and cooperation in a variety of arenas – to at least reduce the sense of isolation and lack of services and access that our geography gives rise to.

Over this past year, ARTN representatives, as well as representatives from the Alaska Primary Care Association, have participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. These are key benefits enabled by the fully integrated telehealth network envisioned in our proposed pilot program.

Cross Road Medical Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Both through our membership in the ARTN and our organization's commitment to the value of interconnectivity, we support the work of ANTHC to identify challenges and barriers to communication and healthcare access and to seek out best practices and solutions for the State's healthcare network infrastructure. Wherever possible and fitting, Cross Road Medical Center will identify individuals to participate in statewide workgroups to assist in this effort.

Cross Road Medical Center supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until that independent organization is established, Cross Road Medical Center supports the role of ANTHC to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Finally, although we are sure you have heard it many times before, we would like to reiterate here again: there can be no better state than Alaska, with its cultural diversity, significant rural population, and great distances between communities, in which to pilot a program to tease out what is necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

As you also know, Alaska is already the largest user of USAC services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our rural communities.

We believe our proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration to this response to your proposed pilot program.

Sincerely,

CROSS ROAD MEDICAL CENTER

André Hines
Chief Executive Officer

Banner Health

Denali Center
Fairbanks Memorial Hospital

1650 Cowles Street
Fairbanks, AK 99701
Phone 907-452-8181
Fax 907-458-5324
www.fmhdc.com

April 26, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Fairbanks Memorial Hospital would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically Fairbanks Memorial Hospital has participated in statewide projects. Over this past year, Fairbanks Memorial Hospital has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

Fairbanks Memorial Hospital feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, Fairbanks Memorial Hospital will identify individuals to participate in statewide workgroups to assist in this effort.

Fairbanks Memorial Hospital supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients. We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Fairbanks Memorial Hospital supports the role of the Alaska Native Tribal Health Consortium to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Carl Kegley
Systems Director, Information Technology
Fairbanks Memorial Hospital

Eastern Aleutian Tribes, Inc.
Offices of Finance and Administration
3380 C St. Suite 100 –Anchorage, Alaska 99503
Telephone (907) 277-1440 / Fax (907) 277-1446

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Eastern Aleutian Tribes (EAT) would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically EAT has participated in statewide projects. Over this past year, EAT has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

EAT feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. Wherever possible and fitting, EAT will identify individuals to participate in statewide workgroups to assist in this effort.

EAT was the first tribally operated Community Heath Center in Alaska and an early adopter of telemedicine services. To draw a circle around health information exchange between the different health systems in Alaska would benefit our organization. We have invested significantly in telemedicine and distance education services. We believe the proposed network would help support that investment.

EAT supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Chris Devlin, Executive Director
Eastern Aleutian Tribes

GEORGETOWN UNIVERSITY

Center for Child and Human Development 🦴

April 16, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

The National Technical Assistance Center for Children's Mental Health at Georgetown University would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration, will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically Georgetown has participated in statewide project in Alaska, including working with the severely underserved Yupik Eskimo tribes in the Southwest Delta of the state. Over the last four years we have been providing technical assistance and clinical training to support development of their early childhood mental health system serving the youngest children of Alaska.

In addition, over the last two years staff from Georgetown have worked closely with the Office of Children's Services to provide training and technical assistance around the statewide system serving children birth to three, including presentations at statewide conferences and technical assistance around the Maternal and Child Health Bureau's Early Childhood Comprehensive Systems program. Georgetown feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever

possible and fitting, Georgetown will identify individuals to participate in statewide workgroups to assist in this effort.

Georgetown is currently working with the Infant Learning Program of Alaska as well as the University of Alaska Anchorage to develop a statewide distance learning delivery methodology to ensure that the workforce of Alaska that serves children birth to three is able to meet all core competencies, regardless of the rural and frontier challenges of receiving training. Obviously, this grant will serve as the conduit to insuring that this challenge is met successfully.

Georgetown supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Georgetown supports the role of the Alaska Native Tribal Health Consortium to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year. Please give a positive consideration to this response to your proposal.

Sincerely,

Neal M. Horen, Ph.D.
Co-Director of Training and Technical Assistance
Georgetown University Center for Child and Human Development

ΗΑΚΑΙΦΑΙΦΚΖ

Iliuliuk Family and Health Services, Inc.

P.O. Box 144
Unalaska, Alaska 99685

Phone: (907) 581-1202
Fax: (907) 581-2331

March 29, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Iliuliuk Family & Health Services, Inc. (IFHS) is writing to express its interest in the very valuable opportunity that the Federal Communications Commission (FCC) is offering to rural healthcare facilities through its Rural Health Care Pilot Program.

Further, we are writing to express our strong support for the proposal that the Alaska Health Network Collaborative is submitting to the FCC, under the auspices of the Alaska Native Tribal Health Consortium (ANTHC), in response to your announcement of this pilot program.

IFHS is a member of a recently established network in Alaska, the Alaska Rural Telehealth Network (ARTN). The ARTN is a private telehealth network formed in order to bring telehealth services to the residents of our remote communities and educational opportunities to each facility's clinical and administrative staff, all with the ultimate goal of improving access to – and the quality of – healthcare for rural residents.

Our rural telehealth network connects together nine of Alaska's smallest rural hospitals and three of Alaska's largest, more isolated community health clinics. Funded by two private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient funds to start to make our vision of the electronic provision of rural, remote healthcare services a reality.

All of the 12 ARTN edge sites take advantage of the FCC's USAC program, which is one of the programs that makes the creation of a private telehealth network linking such remote locales even potentially possible. We still have much to do, but with six of twelve sites already up, we are in the process of bringing all of the remaining sites on line, deploying to a new community about every three weeks.

We mention the ARTN because the advantages that the ARTN brings to our facility and our community and region speaks volumes for the exponential benefit to Alaskans generally that providing the capability of connecting all of our existing health networks together would bring.

"Serving Unalaska, the Aleutian Islands and the Bering Sea"

This is why Iliuliuk Family & Health Services, Inc. is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many important benefits, the Pilot Program would provide Alaska with the funding to put in place the infrastructure necessary to connect most if not all of our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state.

Such connectivity would allow us to facilitate exchanges of electronic health information, further expand vital telehealth capacity, bring teleconsultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

Historically, IFHS has participated in numerous projects, all aimed at attempting – through collaboration and cooperation in a variety of arenas – to at least reduce the sense of isolation and lack of services and access that our geography gives rise to.

Over this past year, ARTN representatives, as well as representatives from the Alaska Primary Care Association, have participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. These are key benefits enabled by the fully integrated telehealth network envisioned in our proposed pilot program.

IFHS feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Both through our membership in the ARTN and our organization's commitment to the value of interconnectivity, we support the work of ANTHC to identify challenges and barriers to communication and healthcare access and to seek out best practices and solutions for the State's healthcare network infrastructure. Wherever possible and fitting, IFHS will identify individuals to participate in statewide workgroups to assist in this effort.

IFHS supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until that independent organization is established, IFHS supports the role of ANTHC to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Finally, although we are sure you have heard it many times before, we would like to reiterate here again: there can be no better state than Alaska, with its cultural diversity, significant rural

population, and great distances between communities, in which to pilot a program to tease out what is necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

As you also know, Alaska is already the largest user of USAC services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our rural communities.

We believe our proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration to this response to your proposed pilot program.

Sincerely,

Sonia Handforth-Kome
Executive Director

Interior Community Health Center

Celebrating 10 years: *Quality health care accessible to all*

1606 23rd Avenue   Tri-Valley Community Center
Fairbanks, AK 99701 . Usibelli Spur Road
                       P.O.Box 246, Healy, AK 99743
(907) 455-4567
(907) 458-1580 Fax   (907) 683-2211
(907) 458-1587 TTY   (907) 683-2112 Fax

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Interior Community Health Center (ICHC), a member of the Alaska Primary Care Association (APCA), would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration, will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically, the Alaska Primary Care Association, and its members have participated in statewide projects. Over this past year, the APCA, on behalf of its membership, has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

Interior Community Health Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC and the other project partners to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, ICHC will identify individuals to participate in statewide workgroups to assist in this effort and the APCA will continue to represent its members for the network.

Interior Community Health Center, with the generous help of public and private funds, recently purchased an Electronic Health Record (EHR). The software will be hosted locally and with sufficient statewide connections and expertise ICHC may be able to share hosted EHR services with smaller safety net medical providers at affordable costs. Currently such services are well beyond what many rural health providers can afford.

As part of our own EHR project we have attempted to connect our rural site in Healy, Alaska with our main site in Fairbanks, Alaska. While the new connection may barely provide sufficient access to the EHR it is not capable of meeting our rural site's other needs such as telemedicine, teleradiology, full domain services, local dial-tone telephone services and videoconferencing.

www.myhealthclinic.org

Plans for these necessary services are currently on hold due to unaffordable costs and a lack of expertise with gaining sufficient connectivity for our rural health care providers.

Interior Community Health Center supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, ICHC supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Stephen P. Leslie, CPA
Deputy Director of Finance
Interior Community Health Center

Kenaitze Indian Tribe I.R.A.

P.O. Box 988
Kenai, Alaska 99611
(907) 283-3633
Fax (907) 283-3052

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

April 9, 2007

Dear Chairman Martin and FCC Commissioners,

Kenaitze Indian Tribe, Nakenu Family Center would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically Nakenu Family Center has participated in statewide projects. Over this past year, Nakenu Family Center has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

Nakenu Family Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, Nakenu Family Center will identify individuals to participate in statewide workgroups to assist in this effort.

Nakenu Family Center with conjunction of Dena'ina Health Clinic and API have provided much needed child psychiatric care to clients who are in need of evaluations and/or medication checks that are underserved in this area

Nakenu Family Center supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We

see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Nakenu Family Center supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Jennifer Showalter Yeoman, LCSW
Human Service Director
Nakenu Family Center
Kenaitze Indian Tribe

Petersburg Medical Center

P. O. Box 589
Petersburg, Alaska 99833
(907) 772-4291
Fax (907) 772-3085

APR 2 5 REC'D

April 11, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Petersburg Medical Center is writing to express its interest in the very valuable
opportunity that the Federal Communications Commission (FCC) is offering to rural
healthcare facilities through its Rural Health Care Pilot Program.

Further, we are writing to express our strong support for the proposal that the Alaska
Health Network Collaborative is submitting to the FCC, under the auspices of the Alaska
Native Tribal Health Consortium (ANTHC), in response to your announcement of this
pilot program.

Petersburg Medical Center is a member of a recently established network in Alaska, the
Alaska Rural Tele-health Network (ARTN). The ARTN is a private tele-health network
formed in order to bring tele-health services to the residents of our remote communities
and educational opportunities to each facility's clinical and administrative staff, all with
the ultimate goal of improving access to – and the quality of – healthcare for rural
residents.

Our rural tele-health network connects together nine of Alaska's smallest rural hospitals
and three of Alaska's largest, more isolated community health clinics. Funded by two
private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali
Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient
funds to start to make our vision of the electronic provision of rural, remote healthcare
services a reality.

All of the 12 ARTN edge sites take advantage of the FCC's USAC program, which is one
of the programs that makes the creation of a private tele-health network linking such
remote locales even potentially possible. We still have much to do, but with six of twelve
sites already up, we are in the process of bringing all of the remaining sites on line,
deploying to a new community about every three weeks.

We mention the ARTN because the advantages that the ARTN brings to our facility and our community and region speaks volumes for the exponential benefit to Alaskans generally that providing the capability of connecting all of our existing health networks together would bring.

This is why Petersburg Medical Center is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many important benefits, the Pilot Program would provide Alaska with the funding to put in place the infrastructure necessary to connect most if not all of our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state.

Such connectivity would allow us to facilitate exchanges of electronic health information, further expand vital tele-health capacity, bring tele-consultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

Historically, Petersburg Medical Center has participated in numerous projects, all aimed at attempting – through collaboration and cooperation in a variety of arenas – to at least reduce the sense of isolation and lack of services and access that our geography gives rise to.

Over this past year, ARTN representatives, as well as representatives from the Alaska State Hospital and Nursing Home Association, have participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. These are key benefits enabled by the fully integrated tele-health network envisioned in our proposed pilot program.

Petersburg Medical Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Both through our membership in the ARTN and our organization's commitment to the value of interconnectivity, we support the work of ANTHC to identify challenges and barriers to communication and healthcare access and to seek out best practices and solutions for the State's healthcare network infrastructure. Wherever possible and fitting, Petersburg Medical Center will identify individuals to participate in statewide workgroups to assist in this effort.

Petersburg Medical Center supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until that independent organization is established, Petersburg Medical Center supports the role of ANTHC to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.
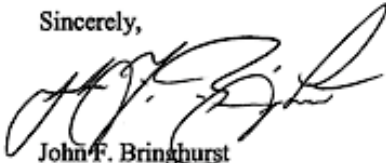
Finally, although we are sure you have heard it many times before, we would like to reiterate here again: there can be no better state than Alaska, with its cultural diversity, significant rural population, and great distances between communities, in which to pilot a program to tease out what is necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

As you also know, Alaska is already the largest user of USAC services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our rural communities.

We believe our proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration to this response to your proposed pilot program. .

Sincerely,

John F. Bringhurst
CEO

Providence | Kodiak Island
Medical Center

March 23, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Providence Kodiak Island Medical Center is writing to express its interest in the very valuable opportunity that the Federal Communications Commission (FCC) is offering to rural healthcare facilities through its Rural Health Care Pilot Program.

Further, we are writing to express our strong support for the proposal that the Alaska Health Network Collaborative is submitting to the FCC, under the auspices of the Alaska Native Tribal Health Consortium (ANTHC), in response to your announcement of this pilot program.

Providence Kodiak Island Medical Center is a member of a recently established network in Alaska, the Alaska Rural Telehealth Network (ARTN). The ARTN is a private telehealth network formed in order to bring telehealth services to the residents of our remote communities and educational opportunities to each facility's clinical and administrative staff, all with the ultimate goal of improving access to – and the quality of – healthcare for rural residents.

Our rural telehealth network connects together nine of Alaska's smallest rural hospitals and three of Alaska's largest, more isolated community health clinics. Funded by two private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient funds to start to make our vision of the electronic provision of rural, remote healthcare services a reality.

All of the 12 ARTN edge sites take advantage of the FCC's USAC program, which is one of the programs that makes the creation of a private telehealth network linking such remote locales even potentially possible. We still have much to do, but with six of twelve sites already up, we are in the process of bringing all of the remaining sites on line, deploying to a new community about every three weeks.

We mention the ARTN because the advantages that the ARTN brings to our facility and our community and region speaks volumes for the exponential benefit to Alaskans

generally that providing the capability of connecting all of our existing health networks together would bring.

This is why Providence Kodiak Island Medical Center is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many important benefits, the Pilot Program would provide Alaska with the funding to put in place the infrastructure necessary to connect most if not all of our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state.

Such connectivity would allow us to facilitate exchanges of electronic health information, further expand vital telehealth capacity, bring teleconsultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

Historically, Providence Kodiak Island Medical Center has participated in numerous projects, all aimed at attempting – through collaboration and cooperation in a variety of arenas – to at least reduce the sense of isolation and lack of services and access that our geography gives rise to.

Over this past year, ARTN representatives, as well as representatives from the Alaska State Hospital and Nursing Home Association, have participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. These are key benefits enabled by the fully integrated telehealth network envisioned in our proposed pilot program.

Providence Kodiak Island Medical Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Both through our membership in the ARTN and our organization's commitment to the value of interconnectivity, we support the work of ANTHC to identify challenges and barriers to communication and healthcare access and to seek out best practices and solutions for the State's healthcare network infrastructure. Wherever possible and fitting, Providence Kodiak Island Medical Center will identify individuals to participate in statewide workgroups to assist in this effort.

Providence Kodiak Island Medical Center supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of major stakeholders and

consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until that independent organization is established, Providence Kodiak Island Medical Center supports the role of ANTHC to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Finally, although we are sure you have heard it many times before, we would like to reiterate here again: there can be no better state than Alaska, with its cultural diversity, significant rural population, and great distances between communities, in which to pilot a program to tease out what is necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

As you also know, Alaska is already the largest user of USAC services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our rural communities.

We believe our proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration to this response to your proposed pilot program. .

Sincerely,

Donald J. Rush, CEO
Providence Kodiak Island
Medical Center

907 224 7248   Providence Health   14:29:17   04-16-2007   2 /4

Medical Center

471 1st Avenue   Tel 907.224.5205
P.O. Box 365   Fax 907.224.7248
Seward, Alaska
99664

April 16, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Providence Seward Medical & Care Center is writing to express its interest in the very
valuable opportunity that the Federal Communications Commission (FCC) is offering to
rural healthcare facilities through its Rural Health Care Pilot Program.

Further, we are writing to express our strong support for the proposal that the Alaska
Health Network Collaborative is submitting to the FCC, under the auspices of the Alaska
Native Tribal Health Consortium (ANTHC), in response to your announcement of this
pilot program.

Providence Seward Medical & Care Center is a member of a recently established network
in Alaska, the Alaska Rural Telehealth Network (ARTN). The ARTN is a private
telehealth network formed in order to bring telehealth services to the residents of our
remote communities and educational opportunities to each facility's clinical and
administrative staff, all with the ultimate goal of improving access to – and the quality of
– healthcare for rural residents.

Our rural telehealth network connects together nine of Alaska's smallest rural hospitals
and three of Alaska's largest, more isolated community health clinics. Funded by two
private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali
Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient
funds to start to make our vision of the electronic provision of rural, remote healthcare
services a reality.

All of the 12 ARTN edge sites take advantage of the FCC's USAC program, which is one
of the programs that makes the creation of a private telehealth network linking such
remote locales even potentially possible. We still have much to do, but with six of twelve
sites already up, we are in the process of bringing all of the remaining sites on line,
deploying to a new community about every three weeks.

We mention the ARTN because the advantages that the ARTN brings to our facility and
our community and region speaks volumes for the exponential benefit to Alaskans
generally that providing the capability of connecting all of our existing health networks
together would bring.

This is why Providence Seward Medical & Care Center is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many important benefits, the Pilot Program would provide Alaska with the funding to put in place the infrastructure necessary to connect most if not all of our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state.

Such connectivity would allow us to facilitate exchanges of electronic health information, further expand vital telehealth capacity, bring teleconsultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

Historically, Providence Seward Medical & Care Center has participated in numerous projects, all aimed at attempting – through collaboration and cooperation in a variety of arenas – to at least reduce the sense of isolation and lack of services and access that our geography gives rise to.

Over this past year, ARTN representatives, as well as representatives from the Alaska State Hospital and Nursing Home Association, have participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. These are key benefits enabled by the fully integrated telehealth network envisioned in our proposed pilot program.

Providence Seward Medical & Care Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Both through our membership in the ARTN and our organization's commitment to the value of interconnectivity, we support the work of ANTHC to identify challenges and barriers to communication and healthcare access and to seek out best practices and solutions for the State's healthcare network infrastructure. Wherever possible and fitting, Providence Seward Medical & Care Center will identify individuals to participate in statewide workgroups to assist in this effort.

Providence Seward Medical & Care Center supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until that independent organization is established, Providence Seward Medical & Care Center supports the role of ANTHC to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Finally, although we are sure you have heard it many times before, we would like to reiterate here again: there can be no better state than Alaska, with its cultural diversity, significant rural population, and great distances between communities, in which to pilot a program to tease out what is necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

As you also know, Alaska is already the largest user of USAC services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our rural communities.

We believe our proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration to this response to your proposed pilot program.

Sincerely,

Kathy Kloster
Administrator
Providence Seward Medical &
Care Center

Providence | Valdez
Medical Center

911 Meals Avenue
P.O. Box 550
Valdez, Alaska

Tel 907 835 2249

April 5, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Providence Valdez Medical Center is writing to express its interest in the very valuable opportunity that the Federal Communications Commission (FCC) is offering to rural healthcare facilities through its Rural Health Care Pilot Program.

Further, we are writing to express our strong support for the proposal that the Alaska Health Network Collaborative is submitting to the FCC, under the auspices of the Alaska Native Tribal Health Consortium (ANTHC), in response to your announcement of this pilot program.

Providence Valdez Medical Center is a member of a recently established network in Alaska, the Alaska Rural Telehealth Network (ARTN). The ARTN is a private telehealth network formed in order to bring telehealth services to the residents of our remote communities and educational opportunities to each facility's clinical and administrative staff, all with the ultimate goal of improving access to – and the quality of – healthcare for rural residents.

Our rural telehealth network connects together nine of Alaska's smallest rural hospitals and three of Alaska's largest, more isolated community health clinics. Funded by two private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient funds to start to make our vision of the electronic provision of rural, remote healthcare services a reality.

All of the 12 ARTN edge sites take advantage of the FCC's USAC program, which is one of the programs that makes the creation of a private telehealth network linking such remote locales even potentially possible. We still have much to do, but with six of twelve sites already up, we are in the process of bringing all of the remaining sites on line, deploying to a new community about every three weeks.

We mention the ARTN because the advantages that the ARTN brings to our facility and our community and region speaks volumes for the exponential benefit to Alaskans generally that providing the capability of connecting all of our existing health networks together would bring.

This is why Providence Valdez Medical Center is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many important benefits, the Pilot Program would provide Alaska with the funding to put in place the infrastructure necessary to connect most if not all of our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state.

Such connectivity would allow us to facilitate exchanges of electronic health information, further expand vital telehealth capacity, bring teleconsultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

Historically, Providence Valdez Medical Center has participated in numerous projects, all aimed at attempting – through collaboration and cooperation in a variety of arenas – to at least reduce the sense of isolation and lack of services and access that our geography gives rise to.

Over this past year, ARTN representatives, as well as representatives from the Alaska State Hospital and Nursing Home Association, have participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. These are key benefits enabled by the fully integrated telehealth network envisioned in our proposed pilot program.

Providence Valdez Medical Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Both through our membership in the ARTN and our organization's commitment to the value of interconnectivity, we support the work of ANTHC to identify challenges and barriers to communication and healthcare access and to seek out best practices and solutions for the State's healthcare network infrastructure. Wherever possible and fitting, Providence Valdez Medical Center will identify individuals to participate in statewide workgroups to assist in this effort.

Providence Valdez Medical Center supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until that independent organization is established, Providence Valdez Medical Center supports the role of ANTHC to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.
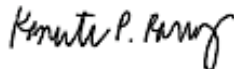
Finally, although we are sure you have heard it many times before, we would like to reiterate here again: there can be no better state than Alaska, with its cultural diversity, significant rural population, and great distances between communities, in which to pilot a program to tease out what is necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

As you also know, Alaska is already the largest user of USAC services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our rural communities.

We believe our proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration to this response to your proposed pilot program. .

Sincerely,

Kanute P. Rarey

Kanute Rarey
Administrator
Providence Valdez Medical Center

Apr 12 2007 3:07PM   SSMH BILLING   9078529231   p.2

SAMUEL SIMMONDS MEMORIAL HOSPITAL
P.O. Box 29 • Barrow, Alaska 99723 • 907.852.4611 • fax 907.852.6406

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Samuel Simmonds Memorial Hospital (SSMH), Barrow Alaska would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically SSMH has participated in statewide projects. Over this past year, SSMH has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

SSMH feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, SSMH will identify individuals to participate in statewide workgroups to assist in this effort.

Samuel Simmonds Memorial Hospital provides health services for the Native Indians of the North Slope. Being a rural provider, challenges our resources, in many different ways, urban healthcare providers do not face. Since we are the only hospital on the North Slope the radiological imaging business alone can facilitate improved clinical care and empower all sites with a unified, global patient view. Selecting the appropriate mix of information technology solutions to establish an end-to-end, regional image and data management system can revolutionize a region's coverage model and assist remote radiologist support to oversee routine radiology procedures from a central location, while giving radiologists the power to assist with radiology coverage at outlying community hospitals. Individual imaging facilities can join in partnership with other physicians and increase opportunities for use of digital images and integrated electronic medical records.

Arctic Slope Native Association, Limited   Embracing the past ~ Looking towards the future ~ Together we can heal

Samuel Simmonds Memorial Hospital supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Samuel Simmonds Memorial Hospital supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

William J Coughlin
Information System Director
Samuel Simmonds Memorial Hospital

Arctic Slope
Native Association, Limited   *Embracing the past ~ Looking towards the future ~ Together we can heal*

Sitka Community Hospital

209 MOLLER AVENUE
SITKA, ALASKA 99835

Phone: (907) 747-1738
FAX: (907) 747-1792

March 26, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

As the chief executive officer of Sitka Community Hospital, I am writing this letter to express our interest in the very valuable opportunity that the Federal Communications Commission (FCC) is offering to rural healthcare facilities through its Rural Health Care Pilot Program. Further, I am writing to express our strong support for the proposal that the Alaska Health Network Collaborative is submitting to the FCC, under the auspices of the Alaska Native Tribal Health Consortium (ANTHC), in response to your announcement of this pilot program.

Sitka Community Hospital is a member of a recently established network in Alaska, the Alaska Rural Telehealth Network (ARTN). The ARTN is a private telehealth network formed in order to bring telehealth services to the residents of our remote communities and educational opportunities to each facility's clinical and administrative staff, all with the ultimate goal of improving access to – and the quality of – healthcare for rural residents.

Our rural telehealth network connects together nine of Alaska's smallest rural hospitals and three of Alaska's largest, more isolated community health clinics. Funded by two private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient funds to start to make our vision of the electronic provision of rural, remote healthcare services a reality.

All of the 12 ARTN edge sites take advantage of the FCC's USAC program, which is one of the programs that makes the creation of a private telehealth network linking such remote locales even potentially possible. We still have much to do, but with six of twelve sites already up, we are in the process of bringing all of the remaining sites on line, deploying to a new community about every three weeks. We mention the ARTN because the advantages that the ARTN brings to our facility and our community and region speaks volumes for the exponential benefit to Alaskans generally that providing the capability of connecting all of our existing health networks together would bring.

Page 1 of 3

Federal Communications Commission
Re Rural Health Care Pilot Program
Page 2 of 3

This is why Sitka Community Hospital is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many important benefits, the Pilot Program would provide Alaska with the funding to put in place the infrastructure necessary to connect most if not all of our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state. Such connectivity would allow us to facilitate exchanges of electronic health information, further expand vital telehealth capacity, bring teleconsultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

Historically, Sitka Community Hospital has participated in numerous projects, all aimed at attempting – through collaboration and cooperation in a variety of arenas – to at least reduce the sense of isolation and lack of services and access that our geography gives rise to. Over this past year, ARTN representatives, as well as representatives from the Alaska State Hospital and Nursing Home Association, have participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. These are key benefits enabled by the fully integrated telehealth network envisioned in our proposed pilot program.

Sitka Community Hospital feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Both through our membership in the ARTN and our organization's commitment to the value of interconnectivity, we support the work of ANTHC to identify challenges and barriers to communication and healthcare access and to seek out best practices and solutions for the State's healthcare network infrastructure. Wherever possible and fitting, Sitka Community Hospital will identify individuals to participate in statewide workgroups to assist in this effort.

Sitka Community Hospital supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans. Until that independent organization is established, Sitka Community Hospital supports the role of ANTHC to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Finally, although we are sure you have heard it many times before, we would like to reiterate here again: there can be no better state than Alaska, with its cultural diversity, significant rural population, and great distances between communities, in which to pilot a program to tease out what is necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

Federal Communications Commission
Re Rural Health Care Pilot Program
Page 3 of 3

As you also know, Alaska is already the largest user of USAC services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our rural communities. We believe our proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration to this response to your proposed pilot program.

Sincerely,

Moe Chaudo
Administrator/CEO
Sitka Community Hospital

South Peninsula Hospital

March 26, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

I am writing on behalf of South Peninsula Hospital to express support for the proposal submitted by the Alaska Health Network Collaborative under the auspices of the Alaska Native Tribal Health Consortium (ANTHC) in response to the Federal Communications Commission's (FCC) Rural Health Care Pilot Program.

South Peninsula Hospital is a member of the recently established Alaska Rural Telehealth Network (ARTN). The ARTN is a private network formed to bring services to the residents of our remote communities and educational opportunities to each facility's staff. The goal of ARTN is to improve access to – and the quality of – healthcare for rural residents.

Our rural telehealth network connects nine of Alaska's smallest rural hospitals and three of Alaska's largest, but isolated community health clinics. Funded by two private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient funds to start to make our goal a reality.

The FCC's Universal Service Fund is one of the programs that made the creation of a private telehealth network linking such remote locales possible. All 12 of the ARTN sites take advantage of the program. We have six of twelve sites already connected and are bringing the remaining sites on line at the rate of a new community about every three weeks.

I mention the ARTN because the advantages it brings to our facility and our community speak volumes for the potential benefit to Alaskans of connecting all our existing health networks together.

South Peninsula Hospital is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many benefits, the Pilot Program would provide Alaska with the funding to put in place the communications infrastructure necessary to connect most, if

Ph 907-235-8101 • Fx 907-235-0253
4300 Bartlett Street, Homer, Alaska 99603
www.sphosp.com

not all, our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state.

Such connectivity would facilitate exchange of electronic health information, further expand vital telehealth capacity, bring consultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

South Peninsula Hospital has demonstrated its leadership in rural healthcare by participating in numerous local and statewide collaborative projects to reduce the sense of isolation, lack of services and access to care presented by our geography. An example of our recent collaborative effort is the hospital's participation with representatives from the Alaska State Hospital and Nursing Home Association in work groups focused on the establishment of electronic health records. Connecting clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities is integral to providing optimal health care to our residents. These benefits will be enabled by the fully integrated telehealth network envisioned in our proposed pilot program.

South Peninsula Hospital has a deep commitment to improving the health and welfare of the citizens of our service area. This can best be accomplished by creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Through our membership in the ARTN and our commitment to the value of interoperability, we support the work of ANTHC. Wherever possible and appropriate, South Peninsula Hospital will identify individuals to participate in statewide workgroups to assist in this effort.

South Peninsula Hospital supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We see this project as a logical next step toward improving access to and quality of health care throughout Alaska.

Future plans for the Alaska Health Network Collaborative call for the development of a non-profit organization which is independent, widely representative of major stakeholders and consumers, and operates transparently. We feel this is a critical step to earn and maintain the trust of Alaskans.

Until that independent organization is established, South Peninsula Hospital supports the role of ANTHC to continue to serve as the lead organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Finally, there can be no better state than Alaska, with its cultural diversity, significant rural population, and geographic dispersion, in which to pilot a program to

Federal Communications Commission   March 26, 2007
Alaska Health Network Collaborative   Page 3

identify the factors necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

Alaska is already the largest user of Universal Services Administrative Company services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our communities.

We believe our state's proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration of this response to your request for a proposed pilot program.

Sincerely,

Charles C. Franz, FACHE
Chief Executive Officer

SEARHC

SouthEast Alaska Regional Health Consortium

3245 Hospital Drive, Juneau, AK 99801
907 463-4000 • www.searhc.org

March 30, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

SouthEast Alaska Regional Health Consortium (SEARHC) would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically SEARHC has participated in statewide projects. Over this past year, SEARHC has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

SEARHC feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, SEARHC will identify individuals to participate in statewide workgroups to assist in this effort.

SEARHC is a non-profit tribal health consortium of 18 Native communities which serves the health interests of the Tlingit, Haida, Tsimpshean, and other Native people of

Southeast Alaska. We are one of the oldest and largest Native-run health organizations in the nation.

Your Partner in Health

SEARHC was established in 1975 under the provisions of the Indian Self-Determination Act. The intent of this legislation was to have Indian Health Service programs and facilities turned over to tribal management. Our contracting with IHS began in 1976 when we took over management of the Community Health Aides Program. In 1982, we took over operation of the IHS Juneau clinic and in 1986 we took over operation of Mt. Edgecumbe Hospital.

We are a consortium of 18 Native communities in Southeast Alaska, and our highest priority is to be responsive to the needs of those communities. Our board representatives are selected by the tribal governing body in each community. We maintain strong ties to the communities, to our culture, and to our elders. Wherever possible we incorporate traditional Native cultural practices and values into our health care delivery system.

At our Mt. Edgecumbe Hospital and Juneau Medical Center we offer services that meet established national standards of excellence as demonstrated in our accreditation reviews by the Joint Commission on Accreditation of Healthcare Organizations. We were one of the first health care organizations in Alaska to adopt Total Quality Management principles. Under our brand of TQM (which we call SEARHC Quality Management) staff teams continually evaluate and refine our operations to assure that we are delivering the highest quality of care to our patients. By adopting SQM , we have made a commitment to work toward excellence in every part of our organization—from our medical and nursing services to our housekeeping and food services
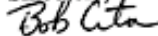
SEARHC supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, SEARHC supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

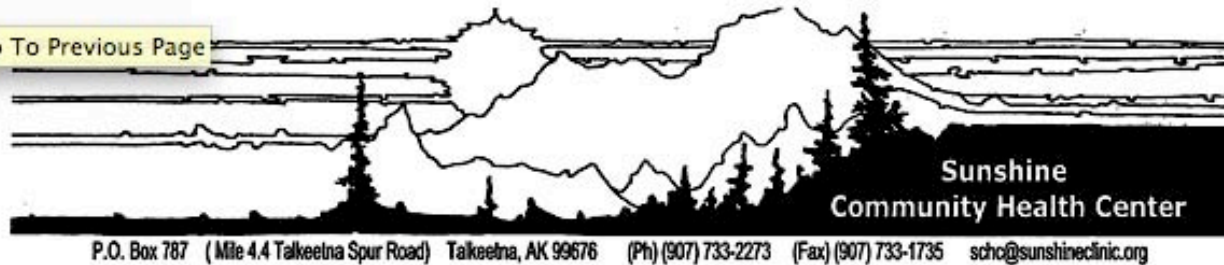Please give a positive consideration to this response to your proposal.

Sincerely,

Bob Cita

Bob Cita
Information Services Director
SEARHC

Go To Previous Page

Sunshine Community Health Center

P.O. Box 787 (Mile 4.4 Talkeetna Spur Road) Talkeetna, AK 99676 (Ph) (907) 733-2273 (Fax) (907) 733-1735 scho@sunshineclinic.org

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Sunshine Community Health Center, a member of the Alaska Primary Care Association (APCA), would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration, will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically, the Alaska Primary Care Association, and its members have participated in statewide projects. Over this past year, the APCA, on behalf of its membership, has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

Sunshine Community Health Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC and the other project partners to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, Sunshine Community Health Center will identify individuals to participate in statewide workgroups to assist in this effort and the APCA will continue to represent its members for the network.

Sunshine Community Health Center has had the privilege of learning first-hand how these technologies can transform rural patient care in a state that has abysmal mental health statistics. In this last year, we have collaborated with the Alaska Psychiatric Institute to provide psychiatric care for our patients through a Telepsychiatry link. For the first time we have been able to eliminate barriers and provide much needed on-sight, subspecialty, psychiatric care to a high-need population with severe mental health issues such as schizophrenia, bipolar disorder, post traumatic stress disorder, and addiction to name a few. This program has been vital in the diagnosis and treatment of these

complicated high risk patients. Simultaneously this program has provided instrumental support and continuing medical education opportunities to our providers.

The major challenge with this program has been funding the T1 line. Our USAC coverage of $14,849.52 per month was issued in the amount of only $3,824.74 per month. This issue is presently being appealed. Having a network collaboration would allow for greater resources to be dedicated to solidify processes and give the network the strength to address such set backs. This collaboration would allow us to better care for our patients while reducing inefficiencies in the system and duplication of effort.

Another technical challenge that Sunshine Community Health Center has faced in the last several years is our antiquated practice management system that is in dire need of replacement to allow for efficient billing, patient care and data mining. Due to the immediacy of our need for a new practice management solution and being proactive in our efforts at providing efficient health records to facilitate patient care we have undertaken this project independently. In retrospect having a network approach would have provided much needed support, improved the efficiency and provided quality patient care with greater employee satisfaction.

Sunshine Community Health Center supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Sunshine Community Health Center supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Mary Loeb, MD
Interim Executive Director
Sunshine Community Health Center

Karen Perdue, Associate Vice President
Phone: (907) 450-8017
Fax: (907) 450-8002
EMAIL: Karen.perdue@alaska.edu

UNIVERSITY
of **ALASKA**
Many Traditions One Alaska

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Fairbanks, AK 99775-5000

April 25, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

The University of Alaska is pleased to participate in the Rural Health Care Pilot Program opportunity through the FCC as outlined in this proposal. The Alaska Health Network Collaboration will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks. This new network will facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities. The network will also enhance the capacity of the University to connect with the health care providers we serve as an educational institution.

The University of Alaska system spans three separately accredited urban universities in Anchorage, Fairbanks and Juneau, and includes a dozen community campuses, from Ketchikan in Southeast Alaska, to Kotzebue, in the state's far north. We have a commitment to work with our many communities to meet the needs of Alaska. Over this past year, the University has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. Committed to improving the health and welfare of the citizens of Alaska, the University will continue to work with ANTHC and wherever possible and fitting, identify individuals to participate in statewide workgroups assisting in this effort.

The University of Alaska plays a pivotal role in meeting the significant health care workforce needs of Alaska. As the primary provider of education leading to health degrees and certificates, the University is fully committed to address personnel shortages that exist throughout the health care system in Alaska. Those persistent shortages are nowhere more challenging than in rural Alaska.

The University has tackled workforce challenges with an aggressive use of distance education. Today we train people in their own communities whenever we can. And, while technology makes distance education possible, our efforts will be greatly enhanced with the infrastructure improvements planned for in this project.

The University of Alaska is also the only Alaskan member of the University Corporation for Advanced Internet Development also known at Internet2. For any Alaskan FCC health network the connect point will be through the University of Alaska Internet2 and other advanced research networks.

The University of Alaska supports the plan to establish the Alaska Health Care Network. We have a track record of working together with other health care leaders in Alaska and we see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Care Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, the University of Alaska supports the role of the Alaska Native Tribal Health Consortium to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Karen Perdue
Associate Vice President, Health Programs

Wrangell Medical Center

Administrative Offices

Brian D. Gilbert, CEO
E-mail: bgilbert@wmcmail.org

March 23, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Wrangell Medical Center is writing to express its interest in the very valuable opportunity that the Federal Communications Commission (FCC) is offering to rural healthcare facilities through its Rural Health Care Pilot Program.

Further, we are writing to express our strong support for the proposal that the Alaska Health Network Collaborative is submitting to the FCC, under the auspices of the Alaska Native Tribal Health Consortium (ANTHC), in response to your announcement of this pilot program.

Wrangell Medical Center is a member of a recently established network in Alaska, the Alaska Rural Telehealth Network (ARTN). The ARTN is a private telehealth network formed in order to bring telehealth services to the residents of our remote communities and educational opportunities to each facility's clinical and administrative staff, all with the ultimate goal of improving access to — and the quality of — healthcare for rural residents.

Our rural telehealth network connects together nine of Alaska's smallest rural hospitals and three of Alaska's largest, more isolated community health clinics. Funded by two private foundations ($1.4 Million), the State of Alaska ($1 Million), the Denali Commission ($2 Million), and local contributions ($1 Million), we have raised sufficient funds to start to make our vision of the electronic provision of rural, remote healthcare services a reality.

All of the 12 ARTN edge sites take advantage of the FCC''s USAC program, which is one of the programs that makes the creation of a private telehealth network linking such remote locales even potentially possible. We still have much to do, but with six of twelve sites already up, we are in the process of bringing all of the remaining sites on line, deploying to a new community about every three weeks.

P.O. Box 1081 ✦Wrangell, AK 99929 ✦Office (907) 874-7000 ✦Fax (907) 874-7100

We mention the ARTN because the advantages that the ARTN brings to our facility and our community and region speaks volumes for the exponential benefit to Alaskans generally that providing the capability of connecting all of our existing health networks together would bring.

This is why Wrangell Medical Center is in full support of the efforts of the Alaska Health Network Collaborative to place one of the FCC's Rural Health Care Pilot Programs here in Alaska. Among its many important benefits, the Pilot Program would provide Alaska with the funding to put in place the infrastructure necessary to connect most if not all of our rural health care providers to existing rural and urban healthcare networks, as well as to important regional and sub-regional centers around the state.

Such connectivity would allow us to facilitate exchanges of electronic health information, further expand vital telehealth capacity, bring teleconsultation with specialists to rural Alaska, and enhance emergency (trauma and e-ICU) and disaster response capabilities.

Historically, Wrangell Medical Center has participated in numerous projects, all aimed at attempting – through collaboration and cooperation in a variety of arenas – to at least reduce the sense of isolation and lack of services and access that our geography gives rise to.

Over this past year, ARTN representatives, as well as representatives from the Alaska State Hospital & Nursing Home Association, have participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. These are key benefits enabled by the fully integrated telehealth network envisioned in our proposed pilot program.

Wrangell Medical Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with other providers throughout the state. Both through our membership in the ARTN and our organization's commitment to the value of interconnectivty, we support the work of ANTHC to identify challenges and barriers to communication and healthcare access and to seek out best practices and solutions for the State's healthcare network infrastructure. Wherever possible and fitting, Wrangell Medical Center will identify individuals to participate in statewide workgroups to assist in this effort.

Wrangell Medical Center supports the plan of the Alaska Health Network Collaborative and the work of ANTHC to apply for the FCC's Pilot Program. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until that independent organization is established, Wrangell Medical Center supports the role of ANTHC to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

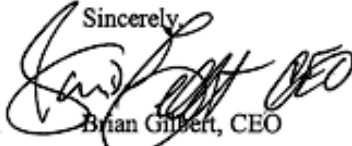**P.O. Box 1081 ✦Wrangell, AK 99929 ✦Office (907) 874-7000 ✦Fax (907) 874-7100**

Finally, although we are sure you have heard it many times before, we would like to reiterate here again: there can be no better state than Alaska, with its cultural diversity, significant rural population, and great distances between communities, in which to pilot a program to tease out what is necessary to maximize utilization of the FCC's rural health care funding (through the Universal Services Fund).

As you also know, Alaska is already the largest user of USAC services, and certainly we are most appreciative of the value of this program and what the FCC's rural health care program has enabled us to accomplish to date in our rural communities.

We believe our proposal for a pilot program will provide the FCC with exactly the opportunity it seeks to learn from those who know the value of the program and wish to take participation and creative utilization of the Commission's rural health care program to the next level.

We ask for your positive consideration to this response to your proposed pilot program. .

Sincerely,

Brian Gilbert, CEO
Wrangell Medical Center

P.O. Box 1081 ✦Wrangell, AK 99929 ✦Office (907) 874-7000 ✦Fax (907) 874-7100

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YAKUTAT TLINGIT TRIBE
Yakutat Community Health Center
Robert G. Adams Network Administrator
716 OCEAN CAPE ROAD P.O. BOX 418
YAKUTAT, ALASKA 99689
PHONE (907) 784-3238 Ext. 226 FAX (907) 784-3595

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Yakutat Community Health Center would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically Yakutat Community Health Center has participated in statewide projects. Over this past year, Yakutat Community Health Center has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

Yakutat Community Health Center feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, Yakutat Community Health Center will identify individuals to participate in statewide workgroups to assist in this effort.

Yakutat Community Health Center is in Yakutat, Alaska. It is in rural Alaska so we do not have all the luxuries of the bigger cities. We feel any help from the state will do our community good in the health industry. We are in support of this project and would like to participate in it. We are currently looking into purchasing an EHR and Practice Management software to better help Yakutat Community Health Center providers, which in turn will help provide better care for our patients.

Yakutat Community Health Center supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, Yakutat Community Health Center supports the role of the Alaska
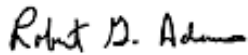
Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Robert G. Adams
Network Administrator
Yakutat Community Health Center

YUKON-KUSKOKWIM HEALTH CORPORATION
Yukon-Kuskokwim Delta Regional Hospital

RECEIVED
APR 1 9 REC'D

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Martin and FCC Commissioners,

Yukon-Kuskokwim Health Corporation would like to participate in the Rural Health Care Pilot Program opportunity through the FCC. This proposal, the Alaska Health Network Collaboration will greatly benefit Alaskans by providing a statewide health care network connecting rural health care providers and existing urban health care networks in order to facilitate electronic health information exchange, expand telehealth capacity and enhance emergency response capabilities.

Historically YKHC has participated in statewide projects. Over this past year, YKHC has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

YKHC feels a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the state. This organization will work with ANTHC to identify challenges and barriers and to seek out best practices and solutions for state health care network infrastructure while enabling effective exchange of health care information. Wherever possible and fitting, YKHC will identify individuals to participate in statewide workgroups to assist in this effort.

YKHC supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska Health Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, YKHC supports the role of the Alaska Native Tribal Health Consortium to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Please give a positive consideration to this response to your proposal.

Sincerely,

Gene Peltola
CEO
YKHC

"Working Together to Achieve Excellent Health"

P.O. Box 287 • Bethel, Alaska 99559 • 907-543-6000 • 1-800-478-3321